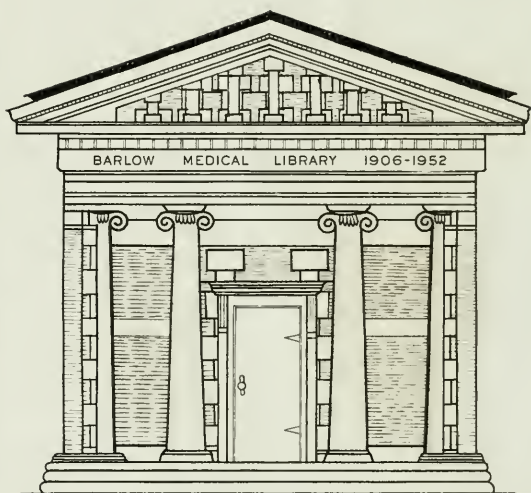


The HISTORY *of the*
SYDNEY HOSPITAL
from 1811 to 1911.



By
J. FREDERICK WATSON,
M.B., CH.M.



WALTER JARVIS BARLOW

HISTORY OF MEDICINE COLLECTION

BIOMEDICAL LIBRARY,
UNIVERSITY OF CALIFORNIA AT LOS ANGELES



SYDNEY HOSPITAL. 1911.

¶ *The* HISTORY of the
SYDNEY HOSPITAL
from 1811 to 1911 & &

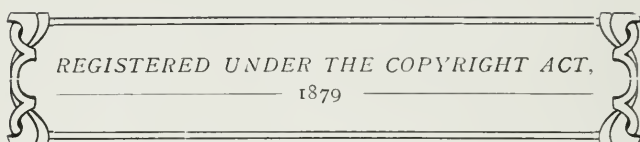


BY
J. FREDERICK WATSON,
M.B., CH.M.



SYDNEY:
W. A. GULLICK, GOVERNMENT PRINTER.

1911.



REGISTERED UNDER THE COPYRIGHT ACT,

1879

Biomed
Hist
VX
21
KAG
S929W
1911



THIS VOLUME IS
DEDICATED
BY THE AUTHOR
TO
J. C. COX, M.D., F.R.C.S., EDIN.,
WHO, FOR SIXTY-ONE YEARS,
HAS WATCHED AND ASSISTED IN THE DEVELOPMENT
OF THE
SYDNEY HOSPITAL,
AS
STUDENT, HON. PHYSICIAN, HON. SURGEON,
HON. CONSULTING PHYSICIAN, AND
DIRECTOR.





PREFACE.

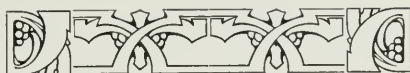


IN the following pages a historical memoir of the Sydney Hospital has been written : I have attempted to take a mid-course between the mere accumulation of facts and the colloquial story of the different eras. All available documents, pamphlets, and books have been laid under contribution, and no bare fact prior to 1880 has been stated without full documentary evidence : this has been rendered necessary as so many printed statements have been found to be incorrect. The history subsequent to 1880 has been confined to major facts and details of administration, for the obvious reason that the actors of the drama are still alive. After mature consideration I have eliminated the detailed history of treatment, as I consider this could be better dealt with by the future historian of the general history of medicine in New South Wales.

I have to acknowledge my indebtedness to PROFESSOR M. W. MACCALLUM for much valued criticism on the first three chapters, and to various officials in the different State Departments for assistance in my search for documents.

F.W.

July 25th, 1911.



INDEX.



CHAPTER I.	PAGE.
Raison d'être for the building of Sydney Hospital— Resumé of medical history, 1788–1810—Arrival of Governor Macquarie—Necessity for a new hospital	I
CHAPTER II.	
Preliminary negotiations—Signing of contract—Laying of foundation stone—Extension of the terms of contract— Building operations—Conclusion of contract	15
CHAPTER III.	
Occupation of Hospital—The Wentworth régime, 1816– 1819—Administration detailed—General condition of Hospital—Resignations of Wentworth and Redfern—Ap- pointment of Bowman... ..	33
CHAPTER IV.	
ADMINISTRATION UNDER BOWMAN, 1819–1836.	
Bowman takes charge—Reorganisation of the staff— Successive additions to Hospital accommodation—The finances of the period—Causes which led to the initiation of military rule—Arrival of Thompson	47
CHAPTER V.	
BOWMAN PERIOD, CONTINUED.	
Reorganisation of the wards—Clinical administration— Treatment—Diseases—Scientific research.	59
CHAPTER VI.	
THE CLOSE OF THE CONVICT ERA, 1836–1848.	
Thompson's appointment—Dissensions created—Mitchell dismissed—Dawson supersedes Thompson—Changes in ad- ministration—In finance—Disease—Treatment—Removal of convicts from the Hospital... ..	68
CHAPTER VII.	
THE SYDNEY DISPENSARY.	
Establishment in 1826—Constitution and objects—Précis of history—Grant of south wing—Occupation of central buildings	79

CHAPTER VIII.

THE SYDNEY INFIRMARY, 1848-1868. PAGE.

Occupation and organisation of central buildings—Constitution of board of directors—Failure of management—
 Finances—Additions to buildings 91

CHAPTER IX.

THE INTERNAL ECONOMY OF THE INFIRMARY, 1848-1868.

Medical staff and their duties—Out-patient department—
 Nursing—Condition of the wards—Housekeeping—Students
 —Classification of wards—Drugs—Treatment—Disease ... 103

CHAPTER X.

ADMINISTRATION, 1869-1880.

Public Charities Commission—Altered constitution of
 board of directors—Attempted assassination of Duke of
 Edinburgh—Grant of the land—Act of incorporation—
 Finances—Buildings—Medical staff—Regent-street Dispen-
 sary—Ophthalmic department—Medical school—Lock
 hospital—Coast Hospital 118

CHAPTER XI.

INTERNAL ECONOMY, 1869-1880.

Introduction, establishment, and organisation of trained
 Nurses—Arrangement of wards—Condition of wards—New
 diet—Technical advances 133

CHAPTER XII.

THE SYDNEY HOSPITAL, 1881-1893.

Sydney Hospital Act—Alterations in constitution—
 Erection of buildings—Temporary buildings and accommo-
 dation—Finances 149

CHAPTER XIII.

THE INTERNAL ECONOMY, 1881-1893.

Growth of special departments—Changes in constitution
 of the staff—Appointment of medical superintendent—
 Nursing staff—Medical students—Introduction of antiseptics 161

CHAPTER XIV.

THE NEW SYDNEY HOSPITAL, 1894-1911.

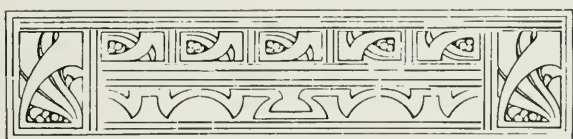
Opening of the new Hospital—The buildings—New south
 wing—Changes in the medical staff—The nursing staff and
 school—Medical students—The special departments—The
 admission of patients—The finances—Conclusion 171



ILLUSTRATIONS.



SYDNEY HOSPITAL, 1911	<i>Frontispiece.</i>
SEAL OF SYDNEY HOSPITAL	<i>Title page.</i>
FIRST GENERAL HOSPITAL IN SYDNEY... ..	<i>Facing page 7</i>
ELEVATION PLAN OF THE GENERAL HOSPITAL, 1810	20
GROUND PLAN OF THE GENERAL HOSPITAL, 1810	32
MAJOR-GENERAL LACHLAN MACQUARIE, PRO- JECTOR OF THE HOSPITAL	44
PHOTOGRAPH OF PLATE RECOVERED FROM FOUN- DATION STONE OF 1811	50
DR. JAMES MITCHELL, RESIDENT OFFICER IN CHARGE, 1825-1837	62
MACLEHOSE'S PICTURE OF GENERAL HOS- PITAL, 1838	70
PLAN OF THE HOSPITAL IN 1838	78
INSET PHOTOGRAPHS OF FIRST HONORARY STAFFS, 1845-1848	91
THE ORIGINAL NIGHTINGALE WING, 1869	102
THE SYDNEY INFIRMARY, 1870	118
PLAN OF THE SYDNEY INFIRMARY, 1872	132
INSET PHOTOGRAPHS OF SUCCESSIVE PRESI- DENTS	148
BIRD'S-EYE VIEW OF SYDNEY INFIRMARY, 1856	165



The History of Sydney Hospital.

CHAPTER I.

RAISON D'ÊTRE FOR THE BUILDING OF SYDNEY
HOSPITAL—RESUMÉ OF MEDICAL HISTORY, 1788-
1810—ARRIVAL OF GOVERNOR MACQUARIE—
NECESSITY FOR A NEW HOSPITAL.

THE foundation of the Institution which was destined to develop into the Sydney Hospital, was definitely decided in the beginning of 1810; but the factors which led to its establishment can be traced throughout the medical and social history of the Colony from the date of Captain Arthur Phillip's landing to the time of the arrival of Major-General Lachlan Macquarie. The forces potent in creating the demand for its commencement, had developed *pari passu* with the growth of a small settlement on the banks of the Tank Stream into the controlling centre of a flourishing colony in its infancy. It is clear, therefore, that

a brief review of the status of medicine prior to Macquarie's arrival must be fully appreciated, to understand the urgent need for a new hospital that was felt in the closing months of 1809. Possibly the well-known penchant of Macquarie for erecting large public buildings throughout the Colony may have hastened the erection of the Hospital ; but when one has realised the poor and scanty provision made for the invalided convict element of the community, which had then reached over 8,000, subjected to an excess of sickness through their mode of life, and the miserable state of the indigent and sick emancipists, the prey of unscrupulous persons trading on their infirmities, it cannot be said that this building at least was in any way before its time.

The First Fleet carried a complete medical staff, one surgeon on each transport, and of these a Principal Surgeon, three assistant surgeons, and one junior had been appointed to remain as the medical staff of the infant colony. They held their commissions direct from the Crown and were "carefully and diligently to discharge the duty of surgeon (or assistant surgeon) by doing and performing all and all manner of things thereunto belonging ; and to observe and follow such orders and directions from time to time as shall be received from the Governor . . . for the time being, or any other superior officer according to the rules and discipline of war." Although classed as civil officers, they were thus subject to the Mutiny Act and the Articles of War then in force, and were liable to be tried by court-martial for any dereliction of duty, medical or official. This system was maintained

throughout the period under review, and led to anomalies which are considered later.

The first Principal Surgeon was John White, whose office carried a salary of £182 10s. per annum, and he had as assistants Wm. Balmain, Thos. Arndell, and Dennis Considen, at a salary of £91 5s. each, and a junior, John Irving, at £50. On John White fell the onus of initiating the first hospital, a matter of some urgency, for although the people were healthy when landed, scurvy shortly after broke out in a virulent form. In the beginning of February, 1788, the erection of the first Hospital was commenced on the west side of Sydney Cove, near what are now known as the old Commissariat Stores, George-street North; it was completed by twelve convict carpenters and sixteen men hired from the ships. As soon as finished it was filled, and the overflow occupied tents around it. The treatment of the sick was much hampered, for although "medicines, drugs, surgeon's instruments and necessaries" to the value of £1,429 were brought in the First Fleet, of blankets and sheets for the Hospital there were none; and further, of the drugs, some were found to have perished during the prolonged voyage and others to be of inferior quality; however, the native sarsaparilla proved to be powerfully antiscorbutic, and an infusion of "wild myrtle" astringent in dysentery, the honor of these discoveries being claimed by Dennis Considen.

During the first two years of the colony, the Hospital was further enlarged to accommodate sixty patients and in times of stress eighty; but this was always overtaxed, as sickness was rife. The whole

population, inclusive of the sick, was reduced to half rations,* and suffered greatly from the want of vegetables. These factors combined caused rapid diminution in the store of medicines, and the scarcity of drugs and surgical sundries persisted for many years in spite of frequent applications to the Home authorities.

In the midst of these difficulties, in July, 1790, the Second Fleet arrived, and although it enabled a full ration to be immediately issued, the number of sick was increased by 486 patients transferred to the Hospital from the transport ships. By the *Justinian*, one of the vessels of this fleet, a portable hospital was brought out, which was erected with all speed, but in spite of this it was necessary to pitch between ninety and one hundred tents about the Hospital, each to contain four patients. In these tents there were no comforts except a bed of grass for each invalid, and one blanket for the four occupants, which was naturally seized by the strongest and utilised for himself alone in the cold winter nights. To attend on these sick were the five surgeons and a number of convicts as nurses. The state of things was pitiable; the patients themselves were heartless and brutal to their comrades in misfortune; the majority were covered with filth and vermin, and suffering from "scurvy, fevers, violent purging, and flux"; when any convict was dying and had bread or "lillipie" (flour and water boiled together) given him, those nearest would seize them, saying with an oath that they were useless to him as he was going to die;

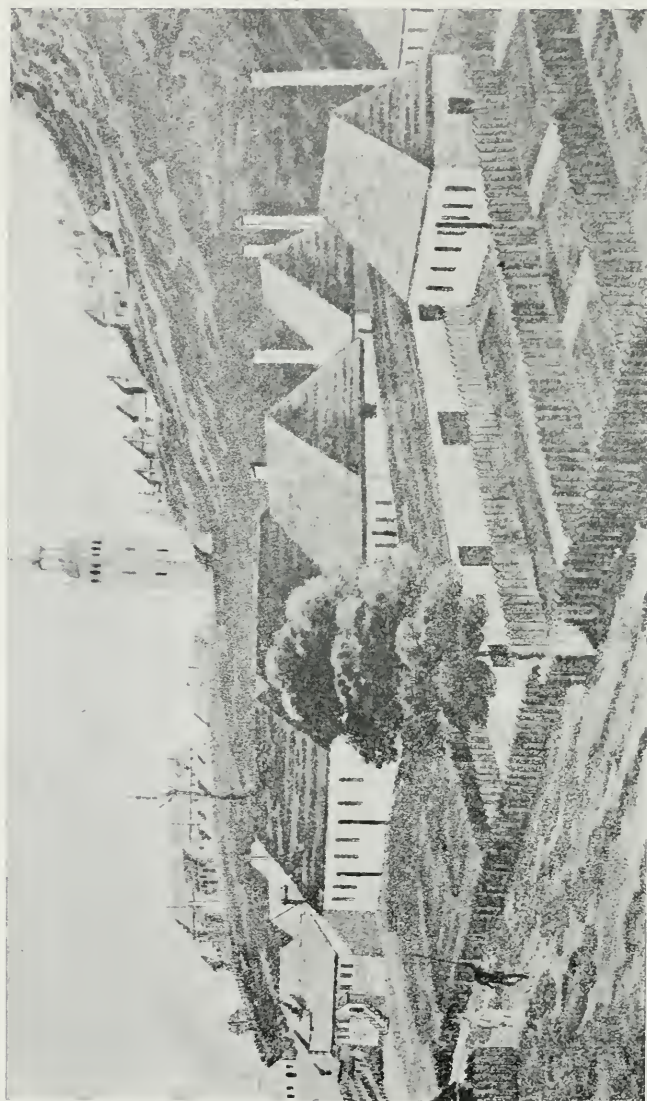
* A full weekly ration consisted of 4 lb. pork, 12 lb. wheat or 8 lb. flour, and 6 oz. sugar.

no sooner was the unfortunate dead than his body was stripped by those around who were always in waiting to do so. The mortality was in consequence excessive, being a little under ten per cent. of the entire population. Amidst these conditions the medical staff laboured; but this, associated with such duties as the presence of one of its members at the frequent public floggings, when sentences up to 500 lashes were administered, must have had a brutalising influence over them and induced some of the callous indifference to human suffering which later became evident amongst certain members of the staff.

By the Second Fleet also arrived the first detachment of the New South Wales Corps, a regiment raised for special service in the Colony—an event of some importance, as the officers were the initiators of the rum traffic which played such a vital part in the building of the Sydney Hospital. The *personnel* of this regiment was poor, and the officers sought to increase their pay by entering into trade and speculations. During the interregnum 1792–1795, between the departure of Phillip and the arrival of Hunter, the government was successively in the hands of the two senior officers of the corps, Major Grose and Captain Paterson, and they exercised little restraint over the desires of their subordinates. These officers then availed themselves of the opportunities for speculation afforded by the fluctuation in the value of the necessities of life. The King's store was at that time the only providore; but, of all goods, rum seemed to have been most in request, and that circumstance coupled with the deficiency of specie

made it the most handy medium of barter. The custom arose whenever a ship arrived in port with a cargo of this spirit for it to be issued to all officers on application in quantities according to their rank at the cost price to the Government, which varied from 3s. 3d. a gallon upwards. This was then retailed at 40s. and even 50s. a gallon, the profits thus being enormous. This trade naturally attracted the avaricious, and ultimately all officials civil and military vied with one another in the acquisition of large holdings to take advantage of the fluctuation in values. The evils of this pernicious trading between officials as proprietors and their subordinates are apparent to the most casual critic.

Principal Surgeon John White retired on leave in 1794, and Wm. Balmain fulfilled his duties until his commission to that office was gazetted in 1796. By this time settlement had extended virtually to the limits of the county of Cumberland, but the condition of medical affairs was still deplorable. While Surgeon White was absent on leave the medical staff of the Colony numbered four, one of whom was stationed at Norfolk Island, one at Parramatta, and the remaining two at the headquarters in Sydney. The medical duties at the settlement on the Hawkesbury (Richmond and Windsor) were performed by an unskilled convict, and it is recorded that in cases of accident the assistant surgeon at Parramatta was frequently sent for 20 miles or further, and was sometimes obliged to walk that distance in the night. This was due to the dilatory action of the Home authorities in granting further assistance, but every



FIRST GENERAL HOSPITAL AT DAWES POINT. 1796-1816.

effort was made locally to ameliorate the condition of the sick.

Under the control of Hunter as Governor and Balmain as Principal Surgeon, the original Hospital was pulled down, and re-erected on a stone foundation near the site of the present Argyle Cut. A hospital store and a dispensary were also built, and grounds of about 2 acres in extent were allocated to the Hospital, whilst suitable brick quarters for the surgeons were erected on Dawes' Point, north of the Hospital grounds. The accommodation was still overtaxed, for until 1797, when a hospital was erected for their own treatment, the invalided soldiers of the New South Wales Corps were accommodated in the General Hospital, and in addition sick sailors had to be attended there at a cost of 13s. 6d. for "every cure performed on His Majesty's seamen." Under such conditions and with no means of isolation all forms of grave diseases were treated: the types prevalent may be gauged by one return of the assigned cases of death which is still extant; amongst these are "dysentery, cholera morbus, fevers, consumptions, lues venerea, dropsy, epilepsy, iliac passion, and locked jaw."

During Hunter's regime, the rum traffic progressively increased with all its concomitant evils, and Captain P. G. King was appointed Governor in 1800 with specific instructions to suppress the traffic. In carrying this into effect he met with the active and passive opposition of the entire officialdom of the Colony. Many of his early proclamations were framed with the object of remedying the evil, but his efforts were crowned with but little

success. However, all those who possessed large quantities were compelled to dispose of it gradually, and amongst these are found Principal Surgeon Balmain and Assistant Surgeon D'Arcy Wentworth (appointed in 1796), who had accumulated nearly 1,400 and 3,000 gallons respectively.

During King's government the social and medical condition of the Colony was considerably improved, and in addition to the attempted suppression of the rum traffic the medical establishment was placed on a surer footing. Some of the regulations by which the object was attained have been preserved. The salaries of the staff were increased in January, 1803, the Principal Surgeon receiving £365 per annum, his senior assistant £182 10s., two assistants £136 17s. 6d., and the junior £91 5s. This had the advantage of rendering the service more attractive, although it was still underpaid, the surgeons stationed in the country making bitter complaints that they were unable to maintain a horse. The Principal Surgeon had the superintendence of the Hospitals and made daily and occasional reports to the Governor, and accounted to the Commissary of the Colony quarterly for all stores received. He and one assistant surgeon were resident in Sydney, and had a staff of twenty convicts at the Hospital in the capacity of overseers, dressers, wardsmen, gardeners, and boatmen, with nurses who were also selected from the convicts. This staff received no pay, but had their maintenance at public expense.

All members of the civil staff, prisoners, and others employed by the Government were received into the Hospital and victualled and treated at the

expense of the Crown. Assigned servants were admitted on condition of their master maintaining them for fourteen days. At the expiration of this time, if the patient was not convalescent, the master had the option of maintaining them and receiving their labour when discharged from the Hospital, or of forgoing these rights and returning the convict to the Government. Free labourers were admitted and victualled by the Crown if necessary, on an order from the Governor. This system, which had developed gradually, was maintained with slight modifications throughout the convict era of the Sydney Hospital.

By this time the free population had increased in numbers, and consisted of free settlers, emancipists, and convicts who had completed their sentence. It had always been a moot point whether it was the duty of the medical staff to attend either midwifery cases or sick settlers and other freemen who were not victualled by the Crown. This question came to a crisis when James Mileham, Assistant Surgeon, was tried by court-martial and severely reprimanded for refusing to attend a woman in labour in the General Hospital; the court-martial was held at the instigation of Principal Surgeon Thomas Jamison, who had succeeded Balmain in 1805. Shortly after Assistant Surgeon John Savage* was also court-martialled for neglecting to attend the wife of a settler in labour, under somewhat heartless circumstances, the woman subsequently dying, with the result that he was

* John Savage, appointed 1802, was a protégé of Edward Jenner, and has the honor of successfully introducing vaccination into Australia.

cashiered. This sentence, however, was not confirmed by the Home authorities. In consequence of this decision the medical staff were for the future allowed private practice.

At this time (1804), Martin Mason established himself at the Hawkesbury as the first private practitioner in Australia, after serving three years as Acting Assistant Surgeon of the Colony. Also certain well-behaved convicts, who had medical experience prior to their transportation, were granted leave by the Governor to "assist such patients as choose to employ them." In spite of the opportunities for thus obtaining skilled assistance, many ignorant and foolish freemen employed the convict servants of the hospital to treat them with medicines purloined from the King's store; naturally the result was that as soon as their funds were exhausted they sought admittance to the Hospital, sometimes in extremis or considerably injured from the improper treatment received. This evil became so pronounced as to necessitate a Government order in October, 1805.

In August, 1806, King was superseded by Captain William Bligh as Governor, whose unfortunate management of affairs reached a climax in the Insurrection of January, 1808. After this crisis the Government was successively administered by Major Johnston, Lieut.-Colonel Foveaux, and Colonel Paterson, until December, 1809. During this period the Colony was divided into two distinct factions who were in a constant state of antagonism, and the hands of the administrators were full of matters of graver moment to themselves than the mere material comfort of the sick. Attention to

public works declined, ordinary repairs were neglected, and the hospital fell rapidly to disrepair.

Bligh attempted in his autocratic manner, savouring of the quarter deck, to complete the suppression of the monopoly, sale, and barter of spirits which King had commenced, but failed. After the Insurrection the rum traffic had undisputed license, and it is stated that 40,000 gallons were given away by the authorities at this time to their favourites and supporters.

The actions of Governor Bligh towards the medical establishment are difficult to interpret, and were the direct cause of Principal Surgeon Jamison's opposition to his administration; in fact, Jamison in October, 1807, wrote to the Home authorities and asked to be allowed to retire if Bligh's government continued. Bligh ordered that the staff of convicts who were engaged in hospital work and had become expert in their duties from long service should be employed in promiscuous public labour, and, in spite of repeated representations to the contrary by the Government surgeons, refused to permit their return. He ordered a female patient, suffering from severe nephritis, on board a vessel bound for Tasmania, and two male patients in the hospital at Parramatta back to public labour without consulting the medical staff in any way. The last two patients* were returned as invalids from the public gang by Captain Abbott, the officer in charge, and when

* It is interesting to note, the evidence at court-martial showed that these patients suffered from a bite on the arm and an ulcer on the leg respectively, and there were no suitable dressings in the Colony to treat them with.

the surgeon, D'Arcy Wentworth, refused to re-admit them without the Governor's order, he was court-martialled and publicly reprimanded on parade, with Bligh's approval, for disobeying his superior officer, Captain Abbott's, order for re-admission. Bligh then suspended Wentworth for alleged misuse of the public labour in the hospitals, of which charge he was subsequently acquitted by court-martial under Johnston's regime and was reinstated. Jamison himself was dismissed from his office of magistrate because Bligh considered him "not an upright man, inimical to Government, and connected in improper transactions"; and Bligh further intended to dismiss him from his position as surgeon if he could have filled the place. After Wentworth's suspension there were only two surgeons, Jamison and Mileham (appointed in 1796), in commission in the Colony; and the medical service was held in such bad repute, and the pay of juniors considered so poor, that Jamison could not induce surgeons from the transports then in port to join the medical staff.

Bligh by his conduct rightly or wrongly had so disorganised and antagonised the medical establishment that Jamison and Mileham were two of the six names attached to the historic letter to Major Johnston, requesting him to depose Governor Bligh, *prior* to the actual arrest on 26th January, 1808.

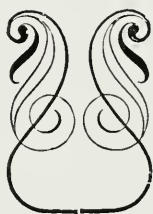
After the Insurrection the disturbed condition of the Colony brought ruin to many, and amongst others was Martin Mason whose practice dwindled completely through his adherence to Bligh's cause. Lieut.-Colonel Foveaux finally reinstated Went-

worth and appointed Wm. Redfern, an emancipist, as assistant surgeon at Sydney, and Colonel Paterson appointed E. Luttrell to the medical staff to relieve the strain that its members then carried ; but beyond these acts the medical department seems only to have kept to routine work until December, 1809. Immediately prior to this date three of the staff, Jamison, Wentworth, and Mileham, in common with others concerned, began to feel anxiety as to the consequences of their share in the deposition of Governor Bligh.

Major-General L. Macquarie arrived in December, 1809, to take charge as Governor of a service, civil and military, disorganised in all its branches, and its individuals in a state of unrest and uncertainty. He rapidly became conversant with the needs of the Colony, and commenced immediate reforms. He had brought out instructions for the return to England of the New South Wales Corps, whose officers were a considerable factor in the unrest in the Colony, and the regiment was accordingly embarked in May, 1810. Regulations were framed to control the liquor traffic, and this objective was attained by the levy of an import duty and the licensing of vendors.

Macquarie quickly laid a master hand on the medical establishment. He appointed D'Arcy Wentworth Acting Principal Surgeon in the absence of Jamison, who was ordered to England as a witness in Major Johnston's court-martial, and to the permanent position Wentworth eventually succeeded in May, 1811, after Jamison's death ; the appointments of Wm. Redfern and E. Luttrell were also confirmed. In his first

despatch, 8th March, 1810, ten weeks after arrival in the Colony, Macquarie gave Viscount Castlereagh, Minister for the Colonies, an excellent summary of the public works that were required, and stated "there will be an absolute necessity for building a new general hospital as soon as possible, the present one being in a most ruinous state, and very unfit for the reception of the sick that must necessarily be sent to it, of which there are on an average seldom less in it than between seventy and eighty men, women, and children."





CHAPTER II.



PRELIMINARY NEGOTIATIONS — SIGNING OF CONTRACT — LAYING OF FOUNDATION STONE — EXTENSION OF THE TERMS OF CONTRACT — BUILDING OPERATIONS — CONCLUSION OF CONTRACT.

THE decided opinion as to the immediate necessity for building a new General Hospital at Sydney, which Macquarie thus expressed to Viscount Castlereagh in his despatch on 8th March, 1810, was soon followed by active measures to secure its erection. On 17th May, 1810, tenders were called for that purpose by the appearance of the following notice, which was published in the *Sydney Gazette*, on the 19th and 26th May :—

GOVERNMENT ADVERTISEMENT.

IT being His Excellency the Governor's Intention to Contract for the Building of a General Hospital, Medical Officer's Quarters, with the necessary Offices and Inclosures,—Notice is hereby given that a Plan of the above will be ready at my House for the Inspection of those desirous of contracting for the same, in Fourteen days from the date hereof.

By Command of His Excellency the Governor,
D. WENTWORTH,
May 17th, 1810. Acting Principal Surgeon.

Macquarie gave orders for the building to be of noble proportions, like most other public works during his tenure of office. A partiality in this direction was Macquarie's ruling passion, and he is often accused of having expended the public funds on erecting buildings out of all proportion to the immediate wants of the infant colony ; however, it is to this idiosyncrasy, and to his foresight in predicting the future growth of Sydney, that the present Sydney Hospital is indebted for its splendid site.

The building was to be erected on the elevated ridge of vacant land south of the Government House of that time, and along this ridge Macquarie formed a new street, and named it after himself. The land first enclosed for the use of the Hospital was 7 acres in extent. Of this area, 1 acre had been granted in July, 1809, to Mr. John Blaxland, but was surrendered by his wife on promise of compensation, which, however, was not redeemed until the time of Governor Darling by the payment of £400. The design was an ambitious one, and was intended to fulfil the requirements of the medical establishment for all time. The buildings, as designed and ultimately erected, were in three main blocks. The central building was intended for the Hospital proper, and was $131\frac{1}{2}$ feet long, 26 feet wide, and 36 feet high ; it consisted of two stories completely surrounded by verandahs, and both floors contained four wards nearly 60 feet in length, 24 feet wide, and 16 feet high, arranged to accommodate twenty patients each. Behind the Hospital, and detached from it, were two kitchens with rooms above for the servants. Adjacent to

the Hospital at either end were located detached quarters for the surgeons and staff, likewise consisting of two stories, and uniform in design and decoration with the main building. Macquarie predicted a time when a large medical staff would be stationed at Sydney, and intended the northern* wing to be quarters for a Principal Surgeon or Inspector-General of Hospitals and two staff surgeons, and the southern* wing for four assistant surgeons, one "purveyor," and one apothecary. Behind the surgeons' quarters were to be coach-houses and stables.

The architect who made these designs cannot be determined. Mr. Commissioner Bigge, who was sent out by the Colonial Office in 1819 to inquire into the general state of the Colony and Macquarie's administration, did not elicit the information in his inquiry. Not until 1815 was a Government Architect appointed, and prior to that time various convicts and others had designed the public buildings. Architecture was a great hobby of Mrs. Macquarie's, and the present Education Department offices were designed by a man named Pan from a book on cottage architecture, loaned by Mrs. Macquarie, about the time the Hospital plans were drawn. She is known to have actually sketched some plans, which were carried out. It is also stated that she largely influenced the Governor in the choice of the site of the Hospital, and it is possible that she was also the designer of the

* The northern wing is now the central portion of the present Parliament House; the southern wing is now the Royal Mint, and is only slightly altered from its original state.

buildings, her name being kept in the background for obvious reasons, and, as a result, the public was left in ignorance of the matter. All that is certain is that D'Arcy Wentworth was permitted to make certain alterations in the plans.

The first tender for this contract of which there is record was one by Messrs. Garnham Blaxcell and Alexander Riley, submitted on the 10th July, 1810, and although the text is not available, circumstantial evidence seems to indicate that they wished to undertake the building in return for a monopoly of the traffic in rum and permission to import 45,000 gallons of that spirit during a period of three years. The two tenderers, who were ultimately to be successful, were both men of prominence in the Colony, and had been officials of the Crown. Garnham B. Blaxcell had held civil commissions as Deputy Commissary of the Colony, in 1803, and as Secretary to Governor King, in 1804. After the latter's departure, he had identified himself with the party antagonistic to Governor Bligh, influenced probably by Captain John MacArthur, who was his partner in several trading vessels and commercial enterprises. He was prominent in all the reaction against the Governor, and counsel in England held the opinion that he was one of the six originals in the mutiny of 1808. Towards the end of 1809, his financial position was at a low ebb, and, finally, the loss of the vessel *Boyd* in New Zealand is said to have involved him in serious financial difficulties.

Alexander Riley was a protégé of Lord Hobart's, and had held the positions of Deputy Commissary and Magistrate respectively at Port Dalrymple.

He arrived in Sydney as Secretary to Lieutenant-Governor Paterson, in January, 1809. He then avoided taking part in the quarrels of the day, but, at the same time, had few chances of enriching himself like others of his co-officials, and could not have been in a strong financial position.

Notwithstanding the prominent part which Blaxcell had taken in the Bligh Insurrection, and the doubtful financial status of both tenderers, of which he could have easily become cognisant, if he was not actually aware of it, Macquarie seems to have considered them suitable persons for the position of large Government contractors, and to have entered into negotiations immediately. However, a fortnight later, the would-be contractors began to foresee difficulties in the terms of their tender; they pointed out to Governor Macquarie that, on the most moderate calculation, the erection of the building would cost them £18,212, and that, in return for this expenditure on their part, they would receive only the sole right to import 45,000 gallons of rum during a period of three years; the prime cost at that time of such rum landed in Sydney was 10s. per gallon, exclusive of 10 per cent. loss for waste and leakage, and, in addition, there was the duty of 3s. per gallon; so that the contractors estimated the net cost of the 45,000 gallons of rum under the contract would be £49,687 10s. At that time Campbell Lord and other importing merchants were selling rum at 20s. per gallon wholesale, and if the contractors had to do the same there would be a net loss of £4,687 10s. In addition, the contractors had been informed that permits had been already granted for

the importation of 67,500 gallons by various merchants, and that therefore their proposed monopoly would not be absolute. They therefore asked that the importation of the rum by themselves under the proposed contract should be free of all duty.

This new proposal did not meet with Macquarie's approval, probably owing to the specific instructions he had received from the Secretary of State for the Colonies with regard to the imposition of a duty on rum, and in consequence a new tender* was submitted on 16th August, 1810, by the same contractors, and this tender, with minor alterations, was accepted. In addition to the permit to import 45,000 gallons of spirits and an undertaking on the part of the Crown that no new permits for further importations would be granted during three years, which was the proposed duration of the contract, the contractors were to be allowed—

- (1) six months in which to pay the duty of 3s. per gallon, a concession of obvious value ;
- (2) the labour of twenty convicts taken from the stores, whose services were considered worth £20 per annum each at that time ;
- (3) the use of twenty draught bullocks from the Government herds, which were valued at about £5 per annum each ; and
- (4) to receive eighty oxen for slaughter from the Crown of 450 lb. weight each, and, as fresh meat was selling at 1s. 6d. a lb., this concession was worth £2,700.

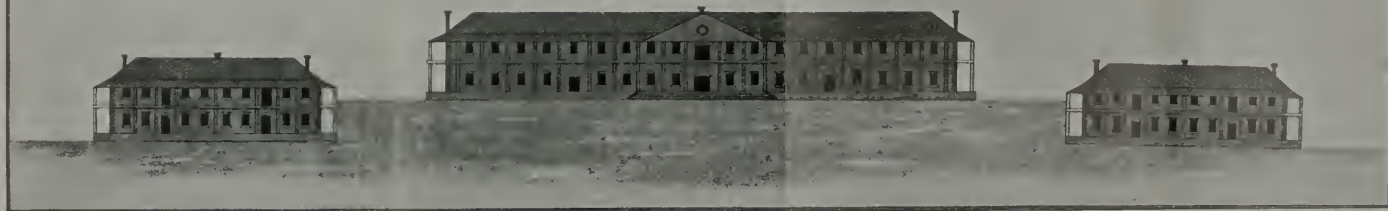
* The text of this tender is given in *Appendix A*.



HED TO CO

ELEVATION
OF THE NEW
GENERAL HOSPITAL
AT
SYDNEY

A.D. 1811



ELEVATION PLAN OF GENERAL HOSPITAL ATTACHED TO CONTRACT. 1810.

To this tender Macquarie made certain amendments, as may be seen on reference to the original text, but those stipulations which had reference to the dates of completion he subsequently waived.

When this tender was accepted, D'Arcy Wentworth, the Acting Principal Surgeon of the Colony at that time, first appeared as a member of the firm of contractors and became a party to the contract ; he did this at the request of Blaxcell and Riley, and prior to this date had no connection with the original partners. As he was generally considered an opulent man, it was probably done with a view to strengthen the financial status of the firm, and Macquarie in consequence approved of it.

The exact terms of the contract (*Appendix B*) were shortly after agreed to, and it was actually signed on the 6th November, 1810. Around this transaction a large amount of fiction and romance has gathered, practically from the date of its inception to the present day, and the facts must be analysed with care.

The action of Governor Macquarie, certainly, in acceding to the terms of this remarkable contract, seems open to grave criticism. He had received specific instructions from the Home authorities to suppress the traffic in spirits, and to prohibit its use as a medium of barter for produce and the necessaries of life. Shortly after his arrival he had practically attained this objective by the imposition of an import duty of 3s. per gallon, and requiring all importers to receive a permit for each individual speculation in spirits prior to landing the same in the Colony ; furthermore, all retail traders were required to obtain a license, and the

number of these was limited. These regulations had effectually controlled the liquor traffic ; but, nevertheless, ten months after his arrival in the Colony, by concluding this contract, Macquarie became privy to a gigantic speculation in spirits.

It was always the custom of the Governors to give detailed reports of all their proceedings as occasion offered to the Secretary of State for the Colonies ; but, although a lengthy despatch was written ten days before the contract was actually signed, Macquarie strangely enough made no mention of these negotiations then in progress and on the eve of being concluded. The terms of the contract and Macquarie's remarks on the same were not transmitted to London till his despatch on the 18th October, 1811, a long interval after the conclusion of the transaction ; but in the meantime no vessel had sailed *direct* for London, and little importance can be attached to this delay, as Macquarie expected the cordial approval of the English authorities on the transaction. He reported that he considered the contract was most advantageous to the Government, as there were not sufficient funds to undertake the erection of the Hospital buildings by the Crown, and they were urgently needed. That the contract was an excellent one for the Government must have seemed evident to Macquarie, if he accepted the figures placed before him by Blaxcell and Riley in July, 1810, and the prices current on that date. On these data the contractors' balance-sheet at the conclusion of the contract would be anticipated somewhat as follows :

Credit—

45,000 gallons of rum sold at 20s. per gal.	£45,000	0	0
80 oxen for slaughter—450 lb. each, at 1s. 6d. per lb.	2,700	0	0
20 convicts for three years, worth £20 per annum each	1,200	0	0
20 draught oxen on loan, worth £5 per annum each	300	0	0
Net deficit on contract ..	512	0	0
	<hr/>		
	£49,712	0	0
	<hr/>		

Debit—

Estimated minimum cost of building... ..	£18,212	0	0
45,000 gals. of rum, at 10s. per gal. prime cost; 3s. per gal. duty; 1s. per gal. sundry expenses. Total, 14s. per gal.	31,500	0	0
	<hr/>		
	£49,712	0	0
	<hr/>		

It is evident some similar figures to these must have influenced Macquarie, and to obtain an excellent hospital and substantial public building at no cost to the Crown must have appeared an excellent business transaction. But, at the same time, he must have foreseen that the contractors contemplated the forced increase in the price of rum, or entering themselves largely into the retail trade, otherwise it was folly for them to conclude such a contract. How the contractors fared ultimately will be realised later.

The Home authorities, on receipt of the despatch, severely criticised Macquarie for acceding to this contract, and considered that he should have received special permission from the Crown prior to sanctioning any such speculation in spirits, and

that the whole negotiations should have been submitted to England for approval before final conclusion. Earl Liverpool, who was then in power, strongly disapproved of allowing the Acting Principal Surgeon to be a member of a firm of Government building contractors; he also considered questionable the erection of stables for the surgeons containing four stalls and a coach-house each. To this despatch Macquarie replied on 27th November, 1812, and was astounded at the adverse criticisms.

After reviewing all the available documents, and remembering the state of the Colony in 1810, it is evident the points on which Governor Macquarie laid himself open to criticism by acquiescing in this contract were, firstly, the method of payment by permitting a speculation in spirits for the services rendered the Crown; and, secondly, by sanctioning the Acting Principal Surgeon D'Arcy Wentworth's membership of the firm of contractors engaged in work connected with the department of which he was the official head.

With regard to the first point, it must be emphasised that there is no record of any other tenders for the work, and probably there were none, and also that the impoverished condition of the Colonial Treasury did not permit of the Crown undertaking the work itself, nor could the Crown have created a monopoly of spirits in its own name; further, payment for services rendered had commonly been settled in rum prior to Macquarie's arrival, and therefore, in principle, this procedure was not a new innovation; nor were 15,000 gallons per annum an unnecessary amount of spirits for the annual consumption of the colonists, and a like

amount would probably have been imported by other merchants in any case. Therefore, the whole crux of the question lies only in the granting of the monopoly, and the Crown indirectly sharing in it by deriving the benefit of the erection of a public building ; in fact the whole transaction was regarded by the contractors simply as a levy of £25,000 on the colonists being the expected profits on the sale of the spirits imported.

The participation of the Principal Surgeon in the contract is of course questionable ; but Macquarie, in his reply to the criticism of the Secretary of State, considered this advantageous from the financial standpoint ; and also, according to his views, Wentworth was a " man of rectitude " and would ensure the conditions of the contract being faithfully carried out.

It is thus evident that Macquarie's only option to secure the erection of a building, which was of urgent public necessity, was to sanction this contract with the contractors, even if it was tantamount to a speculation in drunkenness, as has been suggested by some writers. Although the means to an end are not always justified by its accomplishment, if one considers that the accommodation for the sick was in a state of irreparable decay, and one remembers the pitiable condition of the sick convict for whom the Hospital was intended, Macquarie may be said to have a fair debatable case to justify his action in this transaction.

After the signing of the contract there was no delay on the part of the contractors in commencing building operations, and tenders for timber and quarried stone were the first called for on 15th

December following. The first work undertaken was the erection of the stone wall and coping and preparation of the land, and this was shortly followed by the erection of the stables and the kitchen. Progress was, however, slow, and it was not until the end of October, 1811, that the wall surrounding the 7 acres embraced in the Hospital enclosure was completed.

It was then decided to lay the foundation stone of the main building, and this ceremony took place on Wednesday, 30th October, 1811, at 12.45 p.m. It was invested with all the importance the occasion demanded. The contractors received His Excellency the Governor and Mrs. Macquarie at the outer gate, and conducted them to a large marquee where refreshments were served. A procession was then formed, headed by the Governor and Mrs. Macquarie followed by all the principal officials and ladies of the Colony, and passed through a large concourse of people who had assembled, to the north-west corner of the main building. Here the proposed ground plan and elevation were formally presented to His Excellency and he signified his high approval. A handsome box was then handed to him, containing gold and silver coins in commemoration of the jubilee of His Majesty King George III, and this was enclosed in a lead box and placed in a cavity below the base stone with a medallion,* on which were engraved the data with respect to the foundation. Then with a silver trowel Governor Macquarie laid

*The medallion was recovered when the Hospital was demolished, and is now in possession of the Board of Directors; the box and coins cannot be traced.

the stone ; as this ceremony was concluded, three cheers were given by the assembled throng and a salute was fired from Dawes' Battery.

The building thus formally inaugurated met with many delays before the completion of the contract, but before considering these the constitution and business methods of the contracting firm are worthy of a few words. The firm of three appointed Alexander Riley as their managing partner, and he in turn received a commission of $7\frac{1}{2}$ per cent. on the expenditure. He had the sole control of the actual building and negotiated all the minor tenders by which the work was carried on. To assist him John O'Hearne (or O'Hearen) and Lucas were appointed by the Government as superintendent of the masonry and carpenter's work respectively, but were paid by the contractors. Riley paid all the workmen half in currency, which was usually at a 50 per cent. discount, and half in orders for goods. At the same time the contractors established a retail store in the name of James Laurie, who was made their agent, at 18 Hunter-street, and the orders for goods were only negotiable at this store, which was an obvious source of profit ; here also retail spirits were sold and these sales varied between £7,000 and £10,000 per annum ; the contractors also established a public house in Laurie's name at the corner of George and Hunter streets. The wholesale spirit trade was at first carried on at Blaxcell's warehouse in George-street, and later at a warehouse established by Riley and Wentworth in the old Government stores. In these several ways the active work was mainly performed by Riley and the agent Laurie,

and Wentworth's participation was the most passive one of the three members of the firm.

There was considerable friction between the contractors and the Government during the course of the contract, arising from two causes, breaches of the spirit monopoly and alterations in the design and general fittings of the buildings by Macquarie.

The first cause was due to Macquarie, in his desire to secure the completion of public works as rapidly as possible, paying many of the workmen in spirits, which they in turn disposed of to traders at prices considerably below those of the contractors, the amount thus issued amounting to over 18,000 gallons in two years; also Macquarie permitted the captains of vessels arriving in the Colony, all unaware of the existence of the contract, to pay the expenses of refitting with rum which they had imported. The Governor admitted these actions were breaches of contract on the part of the Crown, and in March, 1812, granted as compensation the right to import an additional 10,000 gallons and an extension of the monopoly for six months. After acknowledging the illegality Macquarie, however, still continued to issue large quantities of spirits from the Government stores, and further, the supervision by the Crown did not prevent large clandestine importations. In consequence the contractors made further protests and threatened to appeal to law, but the last expedient was avoided when Macquarie in February, 1813, granted the contractors the right to import a further 5,000 gallons and an additional six months monopoly, reserving to the Crown the right to issue 3,500 gallons annually as well as the 9,500

gallons under the contract. In this manner the monopoly was extended to 31st December, 1814, instead of 31st December, 1813, and the importation of 60,000 gallons as compared with 45,000 gallons was permitted.

The dispute with regard to the buildings arose from the Governor and contractors giving different interpretations to the contract. The points of issue were the erection of the interior fittings and Macquarie's addenda to the contract of March, 1813,* and also when the Hospital was reduced 2 feet in height the Governor required an equivalent amount of labour to be expended on other public buildings. On all these points Macquarie stood firm, and notwithstanding strong dissent on the part of the contractors, they were compelled to fulfil them.

Much delay occurred in the completion of the Hospital, and the cause is not clearly defined in the records. The contractors alleged that sufficient skilled workmen could not be obtained, and that the resources of the Colony were not sufficient to complete it at contract date; but Macquarie only admitted that they were unable to secure lead and glass. It was not until 3rd March, 1816, that the contractors notified the Government that the buildings were finished, and a commission of three Crown officials was then appointed to pass the work, but instead of doing so they made some severe criticisms. The contractors, therefore, had to make a number of alterations, which were not completed until July, 1817. The final adjustment of accounts between the two surviving partners, Riley and Wentworth,

*See *Appendix B*.

for by this time Blaxcell had absconded as narrated later, was on 21st November, 1817.

A few words may now be devoted to the much-debated question of the profits the contractors made in this transaction. Most writers seem agreed that these were enormous, and they are assigned as high as £70,000, but such statements have been made without an exact study of the facts ; probably many have been misled by the difference in sterling and currency values ; for instance, in August, 1813, rum was sold at 37s. 6d. sterling and 64s. currency per gallon, and the margin of error is evident. Some indirect evidence as to the probable profits may be acquired by an examination of the current and subsequent financial status of the individual members of the firm. Blaxcell was in financial difficulties at the beginning of the contract, and was largely indebted to his partner at that time, Captain John MacArthur ; he was an importing merchant, but in 1812 he admitted he was unable to meet his liabilities for import duty and offered grain in settlement, which was refused ; in 1813 a bill of his, drawn on London and negotiated by Riley, was dishonoured. In the middle of 1812 his financial instability must have been recognised, for at this date the wholesale spirit trade of the firm which had been carried on at Blaxcell's store in his name, was removed to Riley and Wentworth's store. He absconded in April, 1817, and his liabilities were stated to be £6,373, his assets £5,255.

Alexander Riley was also a member of an importing firm, and was engaged largely in pastoral pursuits. He retired from active business in 1818

and resided in England, but still maintained his pastoral interests in New South Wales. After careful examination of his business correspondence, which is very comprehensive, there is no evidence of any large commercial losses, and yet in 1831 he himself wrote that he was worth £29,102, of which £12,500 was represented by landed property obtained by Crown grant. An exact statement of Wentworth's financial position is not obtainable, but he was regarded as a well-to-do colonist both before and after the contract.

If such enormous profits were made, as has been suggested, it is difficult to reconcile the absconding of Blaxcell or the financial position of Riley in 1831, since their agent, Laurie, stated that the contractors were equal partners. Laurie, in his evidence to Commissioner Bigge, said that in his opinion the building cost £40,000 and each contractor made a profit of £10,000. That the buildings cost £40,000 seems excessive, but it is recorded that the carpenter's work alone cost £8,993 14s. 9d. A profit of £10,000 each, on Laurie's figures, after allowing for concessions of convicts and cattle worth about £3,450, indicates an average profit of 22s. 2d. per gallon on 60,000 gallons; each gallon cost the contractors an average of 10s.* inclusive of duty and allowance for waste, leakage, &c. Therefore to make this profit the contractors required to sell at an average of 32s. 2d. per gallon throughout the four years 1811-1814. The highest wholesale price they received, as

*The figures stated are for Bengal rum, which was the usual importation. Jamaica rum and Hollands gin were higher, both in cost and sale price.

evidenced by their own advertisements in the *Gazette*, was 37s. 6d. per gallon, and this was only during the second half-period of the monopoly; and during the first half-period the sale price averaged 27s. per gallon. Laurie's figures thus seem accurate, since the profits from the retail spirit and merchandise trade carried on at 18 Hunter-street and the hotel trade at 14 Hunter-street were probably absorbed in erecting a residence for the Assistant Chaplain, which the contractors were compelled to do in consideration of the reduction in height of the General Hospital. It has still to be noted that even these profits would have vanished if Macquarie had not enlarged the conditions of the original contract, and that the onus of making the surplus was extended over an undertaking, which took six years, 1811-1816, to complete.

Two episodes of some interest had occurred on the premises whilst building operations were in progress. On 18th January, 1816, the Governor held a ball in one of the wards to celebrate the birthday of the Queen; the room was gaily decorated, the walls hung with the insignia of the orders of knighthood, and the floor itself was painted with patriotic designs. Also on 2nd February, 1816, at 12 noon, a meeting was held at the Hospital buildings to arrange the preliminaries for raising a fund to provide for the widows and orphans of the soldiers killed in the Battle of Waterloo, as the news of this British victory had been received in the Colony on the 18th January.

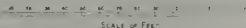
TA



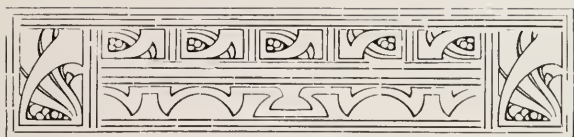
30 142

D TO

A D 1811



GROUND PLAN OF GENERAL HOSPITAL ATTACHED TO CONTRACT. 1810.



CHAPTER III.



OCCUPATION OF THE HOSPITAL—THE WENTWORTH
RÉGIME, 1816-1819—ADMINISTRATION DETAILED
—GENERAL CONDITION OF HOSPITAL—RESIGNA-
TIONS OF WENTWORTH AND REDFERN—
APPOINTMENT OF BOWMAN.



THE Hospital, as completed, was in conformity with the original plans and elevation, with the exception that the central block was 2 feet lower, and the verandahs in front were not extended outwards to a large flight of steps in the middle of the building as was first intended.

There is some doubt as to the exact date on which the Hospital was opened for the reception of patients. Most certainly a Government order was issued directing the transfer of the patients and hospital stores on 8th April, 1816, from the old Hospital at Dawes' Point, but whether this was carried into effect seems doubtful, as Mr. Commissioner Bigge was informed in evidence that the transfer took place in July. It seems probable that the adverse report of the Survey Commission as to the completion of the contract, which was received by the Governor on 2nd April,

may have caused some delay, and all that can now be said is that the Hospital was occupied in the middle of 1816.

The first staff to have control is of great importance, as to its *personnel* and individual characteristics, for with it and in part by it the first routine principles of administration were inaugurated. The first medical staff consisted of Mr. D'Arcy Wentworth, who, as Principal Surgeon of the Colony, was the official head of the institution, and Mr. Wm. Redfern, who, as the Assistant Surgeon quartered in Sydney, had the more immediate care of the patients, but in June, 1817, Mr. R. W. Owen was appointed Acting Assistant Surgeon to strengthen the establishment.

Wentworth had arrived in the Colony in 1790, and although he appears to have assisted in medical duties from that date, he was not officially appointed to the medical staff of the colony until 1796. His professional qualifications were meagre, and he had received the position of Principal Surgeon by seniority of service and the influence of Earl Fitzwilliam. He had never passed any professional examination, but had studied in London hospitals. The Colonial examinations, which appear to have been established subsequent to his appointment,* were held as occasion demanded before a board of three appointed by the Governor from amongst the civil, naval, and military medical

* The first examinations that I can trace were those of Ed. Luttrell and Wm. Redfern in September, 1808. This system was subsequently extended to an examination of all who commenced practice in the Colony. Anyone failing to pass the examination was gazetted, and ordered to desist from practice—a summary method of dealing with quacks.

staffs in the Colony to test all candidates for the medical service who were locally appointed. In addition to his medical appointment, Wentworth was a magistrate, Superintendent of Police, and Treasurer of the Police and Orphan Funds ; so his time must have been fully occupied.

Wm. Redfern had been a surgeon's mate in the Navy, and had passed an examination without receiving a diploma before the Company of Surgeons of London, the predecessor of the R.C.S. He had been transported for a minor participation in the Mutiny of the Nore, but was pardoned in the Colony, and had passed the Colonial medical examination in September, 1808. He was a great favourite of Macquarie, and in consequence around his head gathered the storm of opposition to the Governor's attempted introduction of the emancipists into the Colonial official society. He appears to have had fair professional attainments, and Macquarie described him as the best practitioner in the Colony, and probably equal to the best anywhere ; but he was dilatory and careless in his hospital practice.

R. W. Owen held the diploma of the Royal College of Surgeons, and therefore had the best qualifications of the original staff.

Although Redfern was without a qualified junior assistant until Owen's appointment, throughout his practice at the Hospital he always had with him the son of a settler named Cowper. Henry Cowper had apprenticed himself, without indenture, to Redfern in 1814 at the age of 14, but he resigned this apprenticeship, and was appointed an assistant at the Hospital on 1st April, 1817, at a salary of

£25 per annum and a free ration. Apprenticeship to a qualified man in those days was the current method of acquiring medical knowledge, and, as Redfern's apprentice, he attended the practice in the Hospital, and was, therefore, the first clinical student* ; and by his appointment in 1817 as assistant, he was virtually the first predecessor of the present junior resident medical officers.

The unqualified staff consisted of an overseer, an attendant who acted as a clerk, a gatekeeper, a matron, and a number of nurses both male and female. All of these were drawn from amongst the convicts, and in this period received no salary, but were victualled from the Government stores. The overseer and clerk-attendant resided in one of the kitchens, but the remainder lived away from the Hospital. The female nurses were usually a dissolute class, and often came on duty intoxicated in spite of frequent punishments for such offence. In addition, there were always several convict constables on duty to prevent the patients escaping and to protect the Hospital stores from thieving. Escapes, nevertheless, were frequent, notwithstanding the wall 8 feet high which surrounded the Hospital enclosure.

The Hospital and staff were a part of the general medical establishment of the Colony, and as such were, like the Colonial departments generally, under the control of the Governor, who reported all proceedings and received sanction for any changes

* Although the earliest clinical student at Sydney Hospital, Cowper must waive his claim to being the first medical student in the Colony, as James Sheers was legally apprenticed to Redfern in 1813, but died during his apprenticeship in 1814.

from the Secretary of State for the Colonies. The staff took precedence with other Crown officials in the Colony, and certain of the latter were in consequence their superior officers. This was the direct cause of the court-martial of Wentworth in 1817, *re* certain charges of maladministration in the Medical Department outside the Sydney Hospital preferred by Lieutenant-Colonel Molle. With reference to this case, the Crown law officials in London decided that the Colonial surgeons were not amenable to the Articles of War and the Mutiny Act. The natural result of this decision was that the Medical Department became a distinct separate establishment in the Colony, and the staff acknowledged the Governor alone as their official superior.

The expenses of the General Hospital in this period were paid out of the general Colonial revenue. However, certain minor expenses—as, for instance, Henry Cowper's salary—were informally defrayed by the Police and Orphans' Fund, which was raised by local taxes for local purposes; but this lax administration was only too characteristic of the Wentworth régime. The exact cost of maintenance of the Hospital cannot be ascertained, as the expenses of the whole medical establishment of the Colony were given *in globo*, and varied between £2,000 and £3,000. The emoluments of the medical staff are known. The principal surgeon received £365 per annum, with quarters in the northern wing, fuel, and forage allowance for two horses. Wm. Redfern had a salary of £136 17s. 6d., and quarters in the southern wing, and fuel. In addition, the surgeons

were allowed unrestricted private practice, and obtained grants of land.

The Hospital was maintained for the treatment of all convicts who were working for and victualled by the Government. Assigned servants—that is, convicts who were allotted to and maintained by settlers in return for their services—were admitted on condition of their master supplying them with rations for fourteen days. If the patient was not cured at the expiration of the fortnight, the master could continue to supply rations and receive the servant back when discharged, or resign the assignment and return the convict on the Government stores. Free settlers were admitted, if they were in poor circumstances, by application at the Hospital, where they were examined by the doctor in charge. If that official thought their case was suitable for hospital treatment, a memorial to the Governor was prepared and was signed by the medical officer, and the Governor granted an order for admission or simply initialled the memorial. Merchant seamen were admitted at the expense of their employers, who were not only liable for their maintenance, but also for fees to the medical staff for professional attendance, and these fees were divided equally between Wentworth and Redfern. All civil officers of the Crown were treated gratuitously by the Hospital staff in their own homes, and were supplied with medicine from the Hospital stores free of expense.

The number of patients with which the Hospital started was forty, and they were accommodated in three wards at the southern end of the main

building—two on the ground floor for male patients, and one above for the female, and these were the only wards in professional occupation until 1819. Of the remaining five wards, the four at the northern end were allotted to the use of the newly-established Supreme Court; the two lower ones accommodated the court itself, and the two upper ones were for the convenience of the presiding judge, but he used only one as a retiring room, and permitted Lewen, the artist, to occupy the other as a studio; the fifth and last ward formed a hospital dispensary and store room. In addition, a second dispensary and store room were located in the quarters of the Principal Surgeon (the northern wing). In the latter was also an anatomy room, intended for the dissection of criminals under the sentence of the law, and this may be regarded as the germ of a pathological department.

The Hospital was frequently overcrowded. Each ward was virtually 60 feet by 24 feet and 16 feet high, and was intended to hold twenty patients, allowing 1,150 cubic feet per occupant; but as many as forty-two were accommodated in it at one time, with beds arranged down the centre of the ward allotted to them. During this whole period, the average number under treatment at the one time was stated to be between seventy and eighty, but no regular record was kept.

The hospital practice consisted of indoor and outdoor work. Every morning, between 8 a.m. and noon, Redfern went through the wards, attended by the overseer, clerk, and assistant. Each patient was inspected, and any prescriptions

ordered were taken down by the clerk, often poorly-educated convict, into a case-book, which was the only book kept, whilst all the dressings were attended to by Cowper. When the rounds were completed, Redfern went to the stores and issued what was required, and sometimes paid a visit to the dispensary. Medicines were dispensed by Cowper or a convict assistant, and the bottles handed to the convict nurses and wardsmen, but it was well known that the medicines ordered were often administered to the wrong patient. There was always a poor supply of drugs, and when one was not available the most suitable in his opinion was added by the dispenser. The deficiency of drugs and sundries appears to have been due to the dilatoriness of the Home authorities. All medicines were ordered by requisition on London, but sometimes an interval of three years was allowed to elapse before an order was completed.

All classes of diseases were admitted, as well as midwifery cases, and no effort at classification was made. Dysentery was the most prevalent disease, and recurred at regular seasons. It was ascribed to diet, water, and the conditions of life, but many cases were probably enteric fever. Measles, whooping cough, and smallpox* were unknown. Catarrhal and pulmonary affections and phthisis were rare. No endemic diseases were recognised, and typhus fever, although isolated cases were introduced, never gained a foothold amongst the

* A disease, probably smallpox, nearly exterminated the Aborigines from 1789 onwards, but it never attacked the Colonists.

colonists. Venereal disease and rheumatism were very common.

Treatment was meagre, but, unfortunately, the actual records of it, which were in existence quite recently, have been destroyed. Cupping was a prevalent remedy, and it is recorded that one patient suffering from brain fever had 2 lb. of blood removed in the morning and 3 lb. in the evening ; he was then allowed to get up, and died. Dysentery was also treated by bleeding and small doses of calomel. There was no dietary scale, and all patients, no matter what disease they suffered from, received rations at the rate of 1 lb. of meat and 1 lb. of flour per diem. The rations were issued to the patients individually three times a week, and many, not desiring their full meat supply, sold it to the townspeople, who came to the Hospital verandahs for that purpose. No vegetables or milk were issued. A modification of this ration was proposed by Wentworth, partly for purposes of economy in the meat supply and partly for the benefit of the patients, but it was never adopted. In the last year of this régime, Redfern modified the system by the simple expedient of ordering the sale of the meat ration in special cases, and the purchase of milk and other necessities with the proceeds. It seems almost incredible that dysenterics, and patients suffering from other acute maladies, were allowed such diet for so long a period.

Surgical operations were few, and were performed in a room set apart for that purpose in the surgeon's quarters. During the first year, three amputations were performed, one being recorded

in some detail, that of the removal of a merchant sailor's arm, for which Redfern received £30. In the next two years, only one was performed, and that was for tapping.

In addition to the ward work, out-patients attended the Hospital at 8 a.m. They were treated gratuitously by Redfern until Owen took charge of them on his appointment. No application for treatment was refused, and the average attendance was fifty to sixty. They were treated in summary fashion, as few were allowed to take a bottle of medicine away with them, but most were given a single draught before leaving.

A further duty of the medical staff was attendance at the corporal punishment of prisoners at Hyde Park Barracks and the gaol, but this was usually delegated to Henry Cowper. Attendance was required, as no man was flogged if he had a rupture or heart disease, and no case is recorded of serious injury from the punishment. The floggings were heartless, and were administered in full view of the assembled convicts ready to taunt the unfortunate who bore his punishment badly. They lasted from half an hour to two hours, and the first three or four lashes always brought blood. After such punishment many were admitted to the Hospital for treatment.

The general condition of the Hospital was disgraceful. After the completion of the building, it was found that a mortuary had been forgotten, and to supply this want one of the kitchens was converted into a "dead-house." As the other kitchen was occupied by the overseer and attendant, there was no available place for the hospital

cooking. All food was, in consequence, cooked by the patients themselves actually in the wards, and as rations were issued to every patient individually three times a week, each ward was virtually scullery, kitchen, and larder combined, in addition to accommodating the patients. The patients were mustered every evening by the overseer, who locked them in their wards in the Hospital at sundown. They there remained until the following morning at 6 a.m., and so were shut in without overseer, nurses, or attendants throughout the night, and the abuses that grew under such conditions may be readily conjectured when we remember the depraved class from which the patients were drawn. The windows, after the overseer had left them for the night, were shut by the inmates, probably to prevent any noise being heard without, and the atmosphere, on opening the wards in the morning, was described as revolting and nauseating in the highest degree on account of congestion of human beings, cooking utensils, and waste materials congregated in the enclosed space without adequate ventilation.

Daylight brought little improvement. No lavatories had been provided in the Hospital itself, and patients, when too weak to walk, were actually seen crawling on hands and knees to those outside. Patients were often allowed to lie in bed without clothing. Dressings were thrown under the bed and lay there. The bed linen was changed once a week, and then replaced by imperfectly-washed linen. The convalescents were allowed to do their washing in the wards, and to hang their linen to dry on the Hospital verandahs, but this last

proceeding was noticed by Governor Macquarie and prohibited. No attempt was at first made at the segregation of the sexes, and, in fact, this was not considered necessary by the Principal Surgeon, as it was notorious that all the female patients were infected with venereal disease. This free intercourse gave rise to such abuses that attempts were made to check it by affixing padlocks on the doors, without achieving the desired object, and the evil continued until Wentworth's retirement, owing to his lack of systematic supervision.

Wentworth's duties as Principal Surgeon were the general superintendence of the hospitals and the medical establishment of the colony, but, as has been noted, the detail work of the General Hospital at Sydney he left entirely to Redfern and the assistant subsequently appointed. Although his private practice was very small, Wentworth only entered the Hospital for purposes of consultation, and at times when other medical officers were absent, and he appears to have devoted his time to his other official duties. His administration of the department was feeble, and Commissioner Bigge in his confidential report stated there was little "deserving of censure or praise" in it, for some of the failures of his régime were not entirely due to him but to local conditions of the day.

Redfern did not devote his entire time to the Hospital, and was never in it after midday, except in special cases. He had a large private practice, not only in the town of Sydney, but also in the country, and was the leading consultant of the day, although two private practitioners, Dr. Bland and Mr. Parmentier, had already established themselves.



MAJOR-GENERAL L. MACQUARIE.
PROJECTOR OF GENERAL HOSPITAL IN MACQUARIE STREET.

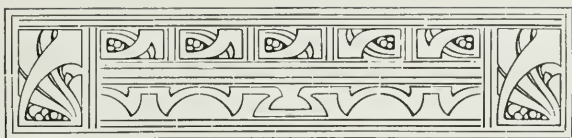
Redfern's fees were good. He received 5 guineas to 20 guineas for midwifery cases, 5s. for a town visit (a box of pills or a bottle of medicine), and £1 to £5 for a country visit. As he supplied his patients with medicine from the Hospital stores, at no cost to himself, his practice was a lucrative one. This practice was carried on at the expense of his time in the Hospital, and in addition he was engaged in farming pursuits in the district of Airds, which he frequently visited. The Hospital was thus frequently left in charge of Cowper alone, when Wentworth and Owen were fulfilling official duties outside the Hospital.

Towards the end of 1818, Wentworth signified his intention of retiring from his office of Principal Surgeon, and Governor Macquarie recommended the appointment of Wm. Redfern, who was next in seniority in the Colonial service, and it had become the custom for all appointments to be conferred in rotation on the succeeding juniors. This recommendation was not adopted by the Colonial Office, and in September, 1819, James Bowman arrived in Sydney to succeed Wentworth in his position. This appointment gave great dissatisfaction to the junior staff in the Colony, who were naturally expecting a step in the order of promotion. Redfern especially was much disappointed, and in consequence tendered his resignation on 18th October, and retired on 24th October following, the same day that Wentworth relaxed the reins of power.* The reason assigned for the superseding of Redfern was that he was a member of the emancipist class, who were people

* R. W. Owen had retired from the Hospital in March, 1819.

sent out as convicts but pardoned in the Colony. But on the other hand, Redfern's friends attributed it to the influence of Bowman with the English authorities. The appointment of Bowman most certainly was one of the ironies of life to Redfern. The latter had written an admirable report in 1814 on the subject of the medical supervision of convicts in the transport service, severely criticising the appointment of medical students and medical failures to the charge of transport ships which was then the custom. In consequence of this report, a system of appointing naval surgeons to the charge was adopted, and one of the first to come to the Colony was James Bowman in 1817. Bowman, on his arrival in Port Jackson, applied to Governor Macquarie for an appointment as an assistant surgeon in the Colonial service, but this was refused as there were no vacancies. He then returned to England, and in 1819 received the position of Principal Surgeon from the Colonial Office against all precedent and also against the Governor's recommendation. From this may be gathered the disappointment that Redfern, after twelve years' service, would naturally feel. However, as will be seen, the appointment of Bowman was a most beneficial one.





CHAPTER IV.

ADMINISTRATION UNDER BOWMAN, 1819-1836.

BOWMAN TAKES CHARGE — REORGANISATION OF THE STAFF — SUCCESSIVE ADDITIONS TO HOSPITAL ACCOMMODATION — THE FINANCES OF THE PERIOD — CAUSES WHICH LED TO THE INITIATION OF MILITARY RULE — ARRIVAL OF THOMPSON.

THE appointment of James Bowman to the charge of the Medical Department of the Colony, and, *ipso facto*, of the General Hospital at Sydney, was a fortunate one for the welfare of the Sydney Hospital itself. He had been a surgeon in the Royal Navy, and was well qualified, and he undoubtedly possessed the faculties of a good organiser and an excellent administrator. Under his rule the Hospital in both its branches, administrative and clinical, rapidly emerged from the state of chaos into which it had drifted owing partly to the lax supervision of his predecessor and partly to the local conditions of the day in the Colony. He

took charge on October 25th, 1819, the day after Wentworth and Redfern had retired, and almost immediately commenced much-needed reforms. In the first months of his rule he had to contend with much opposition, and was involved in a bitter controversy with Redfern. Macquarie also appears to have been distinctly antagonistic ; but Bowman overcame these difficulties, and very soon the Hospital bore signs of the benefits derived from a firm controlling hand.

Bowman held the appointment of Principal Surgeon until December 31st, 1827. At this date the office was abolished and that of Inspector of Colonial Hospitals was established in its place, the change being due to the recommendations of a board appointed in 1826 to inquire into the general status of the medical officers. The duties of this new position were fulfilled by Bowman until 31st March, 1836. By virtue of each appointment he was the official head of the Hospital, and it must distinctly be remembered that the Sydney Hospital remained only a part of the civil medical establishment of the Colony. In the earlier years of his administration, and whilst resident in the northern wing, Bowman took an active part in the intimate working of the Hospital, but his energy and enthusiasm seem to have waned when he had completed the active labour of reducing chaos to order and routine, and subsequent to 1826 the clinical and routine work of the General Hospital was left more and more to the surgeons stationed in Sydney.

During this period, extending as it did from 1819 to 1836, the changes in the medical staff quartered

at the Hospital were many, and are recorded in detail in Appendix C, and it is only necessary to note that there were always two on the staff. The respective duties of these two surgeons were sharply defined : one surgeon was charged with the immediate duties of the Hospital, including the outdoor department, together with those of medical storekeeper and apothecary ; to the other surgeon were allotted what were termed the exterior duties, and these ultimately comprised medical supervision of the convicts detained at Hyde Park Barracks, the Gaol, Goat Island, the Hulk, and the ironed gangs at Carter's Barracks and Woolloomooloo, and assistance at the Hospital when necessary. The duties at the first two mentioned included attendance at corporal punishments. These two sets of duties were at first taken by the surgeons in alternate weeks, until in 1825 and subsequent years the indoor duties were allotted permanently to James Mitchell, and his colleague was charged with the exterior duties.

Attendance at the corporal punishment of prisoners at the Gaol and Hyde Park Barracks was one of the duties which were cordially disliked by the staff. Attending and momentarily watching for signs of collapse of some poor wretch handcuffed to the triangles* in the south-eastern corner of the Barracks yard, in front of an assembled throng of gloating convicts, must have been a harrowing duty for any educated man. Every lash, after the third or fourth, brought blood, and at the end of such a sentence as 100 lashes, the back was

* These were situated behind the eastern end of the new building for the Registrar of Births, Deaths, and Marriages.

completely covered with bleeding excoriations. An official return for 1831 states that 3,163 corporal punishments were inflicted in the Colony in that year, averaging 58 lashes per sentence, of which a large number were naturally administered in Sydney, and it was in this year that Surgeon Imlay, who was attached to the General Hospital, refused to attend, and was in consequence dismissed from the service.

Bowman considerably augmented the personal staff of the Hospital, and it then consisted of an overseer, a clerk, an assistant clerk, a cook, an assistant cook, a messenger, and two gatekeepers, one for the outer gate and one for the door of the female ward. Subsequently a dispenser and assistant dispenser were added to the establishment. There were in addition nurses and wardsmen, and the number of these was maintained in the proportion of one to every seven patients. All this staff consisted of convicts, who were carefully selected by the Principal Superintendent of Convicts, and were removed at once for the slightest misconduct. One wardsmen and one nurse were made seniors, and were specially charged with the personal administration of the medicines to the patients in order, for the future, to obviate all chance of error. The senior nurse afterwards was officially called the matron.

At the time Bowman assumed control there were four wards available at the southern end of the central building for the accommodation of patients, as two months earlier the ward which had been utilised as a hospital store was cleared and made ready to receive the sick. Twelve months later a

The Foundation Stone
of this Building
Was LAID by the Projector
His Excellency
LACHLAN MACQUARIE ESQ.^R
Governor in Chief
of the British Territories in
NEW SOUTH WALES
in the Fiftysecond Year of the Reign
OF HIS
MOST SACRED MAJESTY
GEORGE III
October 30th AD, 1811.

PHOTOGRAPH OF PLATE RECOVERED FROM
FOUNDATION STONE OF OCTOBER 30, 1811.

fifth ward was opened, being that one which had been occupied by Lewen the artist. The Supreme Court and judges were accommodated in the remainder of the building, until the removal of the Law Courts to the old Georgian School in Castlereagh-street, which took place in September, 1823. Subsequent to this date, the main central building was devoted entirely to the purposes of a hospital proper. It was enclosed in an area of 2 acres 3 roods 27 perches, being separated from the enclosure around each wing by a stone wall, and it is this land which now (1911), with minor alterations, forms the site of the Sydney Hospital.

The north wing was occupied as residential quarters by the Principal Surgeon until 1828, when he vacated it with the object of devoting the premises to the reception of those patients who formerly had been treated in the Benevolent Asylum. This latter objective was never carried out, but instead, in 1829, the northern end of the wing was appropriated to the use of the Executive and Legislative Councils, which had been established in 1824. Two years latter (1830) accommodation was also provided for the Board for the Assignment of Servants. The extreme southern end of this wing was utilised as the quarters of the senior surgeon, stationed at the Hospital.

In the southern wing the ground floor was devoted to the reception of medical stores ; on the second floor, quarters for the second medical officer were provided, and a ward for the accommodation of sick officials of the Colonial Establishment. In 1823 Governor Brisbane gave instructions for the sick soldiers of the Buffs (3rd Regiment) also to be

treated here, but at the end of the period the assistant surgeon was the sole occupant.

In 1820 a mortuary was completed in the south-eastern corner of the Hospital enclosure proper*, and a few years later in the corresponding corner behind the south wing a dissecting room† was erected, probably to supersede the old anatomy room in the surgeon's quarters. About the year 1828, two further additions were made to the Hospital buildings in the form of an office for the use of Dr. Bowman, and rooms for the treatment of out-patients, which were called the Dispensary ; these small buildings were situated in front of the north and south extremities of the main building respectively.

The Hospital was open to the same class of patients as in the Wentworth régime, but in 1831 the system that had been in force controlling the admission of assigned servants by the provision of rations by their masters had become too cumbersome, and after June 29th that year the masters were required to pay a charge of one shilling per diem up to a maximum of thirty days for their servants, and were liable for no further charge, but nevertheless as a matter of routine they received their servant back when cured.

Order and system were also instilled into the keeping of the Hospital registers, which were carefully compiled, but unfortunately in the available

*This virtually is the site of the present Pathological Department.

†When excavations were in progress near this spot a few years ago a number of bones were exhumed, probably specimens buried in 1837, and amputation stumps.

annual returns those of the General Hospital at Sydney were included in the aggregate for the whole Colony. The averages for certain years, however, are given in sundry reports, and in the first year the daily average number under treatment was 72, whereas in the last year of this period the average was 133.

The Hospital stores were also reorganised. Attention to this branch of hospital work was very important at that time, in order to secure efficient working; in the event of a shortage of supplies, there were no means in the Colony of making it good, and all orders for supplies had to be made on London, whilst the completion of a requisition usually took from eighteen months to two years. Requisitions were at first made on the Colonial Office in London, but subsequent to 1831 they were made direct on the Army Medical Board. Under Wentworth's control no exact account was kept of the issue of stores, but after causing an immediate stock-taking to be made, when large quantities of hospital linen, drugs, and sundries were found to be perished from lack of supervision in the past, Bowman directed that a careful record should be kept of all subsequent issues. Bowman further instituted the system of keeping a two years' supply always in stock, naturally a work of some magnitude. He also charged the surgeon taking the interior duties of the Hospital with the care of the stores, and this surgeon issued what was daily required to the overseer. Further, all medicines and drugs taken by the surgeons for their private practice were debited to them at an increase of 50 per cent. on London prices. Hospital and medical

stores for the use of the country stations and hospitals at Parramatta, Liverpool, Windsor, Newcastle, Bathurst, and Goulburn were all issued from the stores at the General Hospital, but in the proper organisation of this branch Bowman failed, and the district hospitals and stockades were often inadequately supplied. This was one of the reasons, as will be seen later, of the reorganisation of the medical establishment in 1836.

During this period there is some evidence of religious intolerance in the Hospital. The papers in connection with this subject are meagre, and indicate the prevalence of much embittered feelings, but no exact conclusions can be drawn from them. In the early years up to 1829, only one priest of the Church of Rome was admitted to minister to the patients, but subsequently general tolerance was established.

The finances were gradually placed on a firm footing. Prior to the year 1826, the larger part of the expenses were paid out of the general Colonial revenue; of the remainder, the supply of drugs, surgical sundries, etc., being ordered on London, were paid for by the English Exchequer, and certain minor expenses were defrayed by the Police and Orphan Fund. At this date, however, a board was appointed to inquire into the general Colonial expenditure, and as a result of their report it was decided that the entire expenses of the convict establishment should be met by the English Government, and the other Colonial expenditure should be defrayed by the Colonial revenue, out of funds locally raised. The hospitals, including of course the General Hospital at Sydney, being

primarily maintained for the treatment of convicts, came under the first classification, and therefore all expenses subsequent to this date were paid by the Commissariat Department with bills drawn on His Majesty's Treasury.

The remuneration of the medical staff underwent successive improvements. The Principal Surgeon at first received £365 per annum, quarters valued at £140 per annum, forage allowance at 2s. 6d. per diem, and in addition 204 bushels of coal, valued at £15, and his half-pay of 6s. per diem as surgeon in the Royal Navy. The two junior surgeons received £91 5s. per annum and quarters for a short period, but this salary was soon increased to £136 17s. 6d. All the staff was then allowed unrestricted private practice. This system proved unsatisfactory, and the board appointed in 1826 made certain suggestions which in slightly modified form were adopted, and came into force at the beginning of 1828. Under the new regulations the head of the department was the Inspector of Colonial Hospitals, and received a salary of £750 per annum and quarters, but no further allowances; a year later his quarters were utilised for other purposes, and he was paid £100 per annum in lieu of them. The junior staff were classed as surgeon and assistant surgeon, receiving £273 15s. and £182 10s. respectively with quarters. The surgeons* also had an allowance of 2s. 6d. per diem for forage, but in 1835 this payment was restricted to the surgeon who was charged with the exterior duties of the Hospital. At the same time the

*Mitchell also received half pay for his military rank; he had been in the 48th Regiment.

private practice of all the staff, except the Inspector, was restricted to within a radius of ten miles of the Hospital. In addition, like other officials of the day, nearly all the surgeons received grants of land, Bowman and Gibson receiving 2,560 acres each, Mitchell, Brooks, and Anderson 2,000 acres, and McIntyre and Moran 1,000 acres each.

At the beginning of this period the system of granting gratuities to a portion of the convict staff was introduced with the object of inducing better attention to their duties, and these were paid on the following scale:—Two constables at £40 per annum each, one overseer at £30 per annum, one clerk and one dispenser at £22 16s. 3d. per annum each (1s. 3d. per diem), and one cook, one senior wardsman, one messenger, and one gatekeeper at £9 2s. 6d. per annum each (6d. per diem). This custom worked satisfactorily, and subsequently, in 1834, the messenger and cook were increased to £18 5s. per annum each (1s. per diem).

The total annual expenditure of the General Hospital cannot be ascertained, for, as was the previous custom, the medical finances for the whole Colony were given *in globo*, and included those of the Hospital and staff at all the out-stations.

The Hospital still continued to be victualled for some time from the Government stores, but subsequently the system of supplies by tender was introduced and was permanently adopted, the supply of medicines and stores ordered in London being the solitary exception to this rule.

Whilst the development of the Hospital was thus proceeding, events of importance occurred elsewhere which were to have considerable influence

over its subsequent history. The status of medicine in the country districts had become very unsatisfactory; there were, all the time, two official medical establishments in the Colony, the civil under Bowman, and the military attached to the regiments. Detachments of soldiers were stationed throughout the Colony, and in many places the number of soldiers did not justify the quartering of a military surgeon to attend to them, and they were in consequence treated when necessary by the nearest civil surgeon. This dual control caused many unforeseen difficulties to arise. The issue of stores to the out-stations was also unsatisfactory, as has been already mentioned, from the absence of a properly appointed medical storekeeper devoting his whole time to the duties. These difficulties early became acute, and in February, 1827, Governor Darling wrote a confidential letter to the Secretary of State advising the union of the two medical services under the control of a military Deputy Inspector of Hospitals. Tasmania had also become a separate colony in 1825, and the medical establishment there required drastic reorganisation. To remedy these evils Lord Glenelg decided to combine the military and civil medical establishments in each colony on a military basis, and in July, 1835, he sent a despatch to Governor Bourke notifying this change and the appointment of a Deputy Inspector of Hospitals and a Deputy Purveyor to take charge of the new combined establishments in each colony. In this way, Bowman was never discharged, but a superior officer was appointed over him. John Vaughan Thompson was gazetted Deputy Inspector, and

arrived in the Colony in March, 1836, and took charge of the combined departments on April 1st. From this date all Bowman's active duties ceased, and he had no official work to perform, but nevertheless he continued to draw his salary of £850 per annum, as no official instructions were transmitted from London with regard to his position as Principal Surgeon. He continued to draw this salary until 14th April, 1838, two years after all his active work for the department ceased, and this apparent irregularity was finally regarded as a retiring allowance.





CHAPTER V.

BOWMAN'S PERIOD—CONTINUED.

REORGANISATION OF THE WARDS—CLINICAL ADMINISTRATION — TREATMENT — DISEASES — SCIENTIFIC RESEARCH.

AT the same time as he was reorganising the administration, Bowman did not neglect the detail work and the clinical side of his profession in the General Hospital. In this he was ably seconded by the staff, which at different times were quartered there, and especially by James Mitchell, who for twelve years had the Hospital specially entrusted to his care. He was also fortunate in securing a staff whose professional ability and qualifications were with few exceptions of a high standard.

At the beginning of the Bowman régime, radical reforms quickly followed one another in the internal management of the Hospital, and the detail work was soon reduced to an equitable routine. No subject, however small, was neglected, and within twelve months the Hospital

had developed into an orderly and well-conducted establishment.

The wards were reorganised ; four were in use from the beginning, and a fifth was soon after added, whilst their normal capacity was restricted to twenty-two patients and subsequently to sixteen, when the Hospital was placed in occupation of the entire central building. The accommodation must, however, have sometimes been taxed to its utmost limit, as for instance when forty were landed sick with scurvy from the ship *Ocean* in 1823, and indeed a sudden demand for admission of such a large number would be a trial for any hospital. All cooking in the wards or by the patients themselves was forbidden, and the Hospital meals were prepared by two properly appointed convict cooks in the kitchens at the rear of the main building. These were made available by the erection of the "dead-house" in the south-eastern corner of the central enclosure, and by the accommodation of the overseer and clerk in the rooms above the kitchens proper. Washing linen in the wards was also prohibited, and by these reforms they were restricted solely to their legitimate purpose, the treatment of the patients. The wards were thoroughly washed out every morning between 6 and 8 a.m., and were kept well ventilated by the simple expedient of screwing the windows in a partly opened condition, and so preventing the patients from closing them after being mustered and locked up for the night. Order was maintained at night-time, when the nurses and wardsmen were instructed to sleep on the premises, and were locked in with the patients. This had also a

salutary effect in preventing the drunkenness and dissolute living, which was only too common amongst the nurses of the Wentworth period.

Clean linen was issued as often as required, and all the bedding was thoroughly aired twice a week. Commodes were provided in the vestibules, which separated the different wards, and complete segregation of the sexes was maintained by stationing a gatekeeper at the door leading into the female ward.

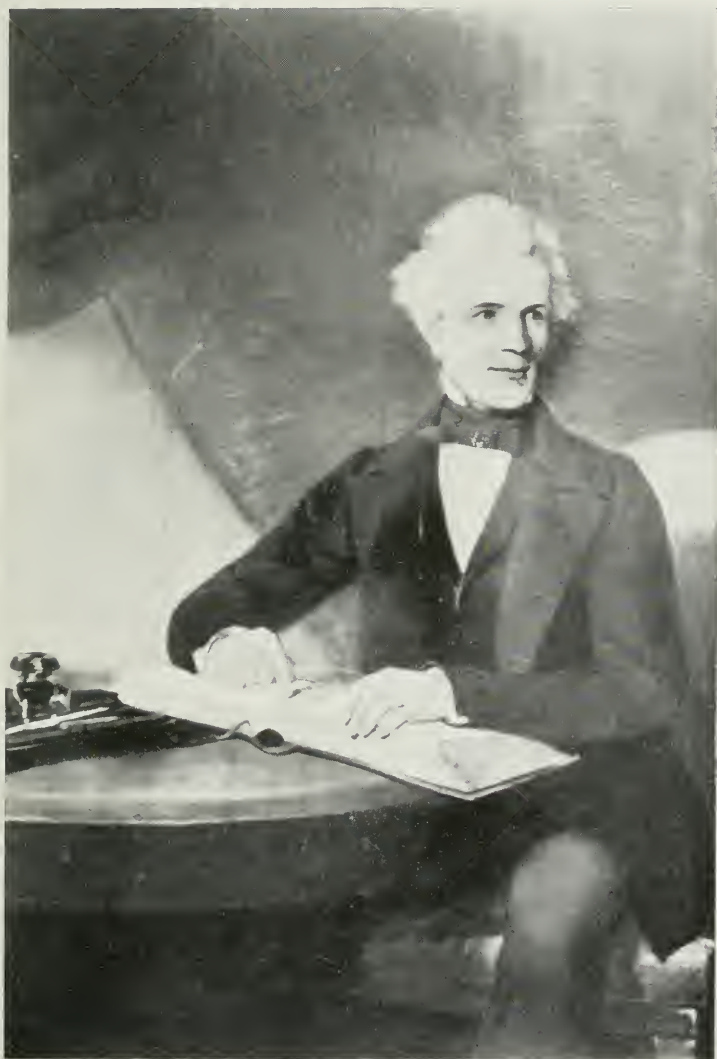
At first Bowman took an active part in the treatment of the sick, and he personally made a daily inspection of the patients. This obviated the difficulties created by the two assistant surgeons working at the interior and exterior duties of the Hospital in alternate weeks. The method of procedure was in many respects similar to the modern status of the house and honorary physicians. At 6 a.m. Bowman went through the wards, accompanied by the assistant surgeon, and ordered the treatment necessary for each patient, which was noted by the junior—this examination usually occupied an hour and a half. The next duty of this assistant surgeon was at 10 a.m., when he went to the Dispensary and superintended the dispensing of the medicines by a convict dispenser, and afterwards proceeded to the Hospital store and issued the daily supplies to the overseer. In the afternoon at 3 p.m. he attended to Dispensary duty, *i.e.*, out-patients, and later went the round of the wards again by himself. During the day he was required to be within call in case of accidents.

The surgeon whose work it was to attend to the exterior duties, attended the morning out-patients

at 7 a.m., and afterwards left the Hospital to fulfil his professional work elsewhere.

This routine was maintained until 1825, when Bowman relaxed his enthusiasm, and Mitchell took constant charge of the entire interior duties, and an assistant surgeon attended to the exterior duties. Mitchell was a good practitioner and performed his hospital labours with zeal and care, and as the Hospital by this time included the whole central building his days must have been fully occupied, for he also acquired a good private practice. His position was an onerous one: in addition to the medical care of the indoor patients, he had the control of the entire convict staff, and arranged their time and duties in the Hospital itself and in the manifold details of caring for the medical stores. The assistant surgeon in the exterior duties worked independently of him, but whenever a convict attached to one of the various convict establishments required medicine, he was sent to the Hospital dispensary and treated by Mitchell. If hospital treatment was necessary, Mitchell decided on his admission, and if a case was chronic, at his orders the patient was invalided and certified as a fit subject for the invalid gang at Port Macquarie. Also in those cases where a coroner's inquest was necessary, as a general rule, it was Mitchell who was ordered to perform the post-mortem examination and gave evidence at the subsequent inquiry.

Bowman initiated the classification of diseases, and the middle southern ward on the upper floor was devoted in 1820 to the treatment of syphilis only. Soon after assuming control, he also abolished the former custom of issuing rations, and



DR. JAMES MITCHELL.
RESIDENT MEDICAL OFFICER-IN-CHARGE. 1825-1837.

framed a dietary scale, dividing the patients into three classes, and they received respectively—

Full diet : One pint of tea and 8 oz. bread, morning and evening ; 8 oz. of animal food and 8 oz. of vegetables for dinner.

Half diet : One pint of tea and 4 oz. of bread morning and evening ; 4 oz. of animal food and 4 oz. of vegetables for dinner.

Low diet : One pint of tea and 4 oz. of bread, morning and evening ; gruel or rice for dinner, besides such other comforts as the surgeon thought proper.

To each diet was added 14 drachms of sugar daily, and the amount of tea was 3 drachms daily.

Treatment was considerably altered, and even Bowman's contemporaries considered it was for the better. Dysentery was treated by copious bleeding, by the above low diet, and the administration of calomel in much larger doses than formerly : this treatment is said to have been very successful. Much surgical treatment was carried out, and as it was prior to the days of anæsthetics, the agony and misery of the patients in the hands of the surgeon can vividly be realised when the methods of treatment and the time occupied in operations is borne in mind ; but still this was only the routine of the day beyond the remedy of the surgeon, and the medical staff appears to have kept well in the van with regard to new treatment. The reduction of dislocations was effected by special apparatus, probably similar to the weird instruments of torture now preserved in the museum of the Royal College of Surgeons, London. A special apparatus was also in use for restoring suspended animation. Fractures were treated in special fracture boxes and cradles, or by long splints made of whalebone, and

Cline's splints were also in use. Amputations were performed with the use of screw tourniquets, and special stump pillows were provided for after treatment. A case of popliteal aneurism* was treated by amputation—this, however, was the recognised practice at the time; since, ligaturing of the femoral had been discarded by most surgeons because of numerous fatal results. Bronchotomy was carried out with special canulas. Operations for lithotomy, fistula in ano, phimosis and hare-lip were performed, all with specially designed instruments, and hydrocele was treated by injections, of what nature is not stated. Cupping was extremely common. Urogenital disorders, both in the male and female, were treated by injections, and urethral syringes of pewter were the commonest in use.

The Pharmacopœia employed was a Latin one, and the drugs prescribed do not differ materially in their essentials from those in common use in modern times. The list that for some time was utilised for requisitions contained the names of 234 preparations.

That the general results of treatment in the Hospital were satisfactory is shown by the available statistics. In the first fourteen months under Bowman, which was stated to be an exceptionally unhealthy period, the death rate was only 6.54 per cent. This rate cannot be discounted by the supposition that minor cases of disease were admitted, as special care was taken to prevent malingering on

* It is interesting to note that the third known case of ligaturing the innominate artery for subclavian aneurism was performed by Dr. Bland in the Benevolent Asylum, Sydney, and is reported in the *Lancet*, October 20th, 1832. A second case by the same doctor was operated on in 1838; this operation took $5\frac{1}{2}$ hours.

the part of the convicts, and the admission of free paupers was carefully supervised on account of the expense of their treatment.

Dysentery remained the most prevalent disease, and in the fourteen months just mentioned, out of 124 deaths in the Hospital, 64 were due to this disease. Of other diseases admitted, rheumatism, venereal disease, and "dropsy" were almost as common. An annual cycle of ailments was observed: in the summer months erysipelas was prevalent, especially among the young; in November, December, and January, ophthalmia, taking chiefly the form of simple conjunctivitis, recurred, and was ascribed to mosquitoes and flies; while in July, August, and September simple continued fever used to attack chiefly old people and children. In July and August, 1820, an "epidemic catarrh" raged through the Colony, and a large number of cases were admitted to the Hospital: this disease, from the symptoms described, was undoubtedly influenza, and a second epidemic of the same disease recurred in November, 1825. In 1824 mumps was epidemic, and the complaint took a troublesome form, affecting both sides with occasional suppuration. In 1825 intermittent fever first appeared, and in March, 1828, whooping-cough was epidemic—this was its first appearance in the Colony and was introduced on the ship *Morley*. All classes of disease were admitted into the Hospital, but subsequent to August, 1832, the general health of the Colony was protected against the introduction of infectious diseases by the proclamation of the Quarantine Act. Insanity cases were sometimes admitted and transferred to the Lunatic Asylum at

Liverpool, but in one case a Crown Law official was admitted and died from mental trouble in 1827, being confined in the officers' quarters in the south wing.

The diagnosis of diseases widely differed from the precision of modern times, as is evidenced by deaths in one return being attributed to doloris, hydrops, ophthalmia, and dyspepsia, amongst others.

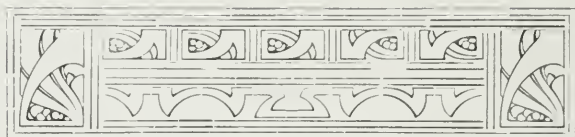
At this time a glimpse of scientific research in progress at the Hospital is obtained. Bowman made a number of investigations into the medicinal properties of the Colonial flora, and the gum of the green wattle (*Mimosa decurrens*) and a decoction of willow bark (*Mimosa longifolia*) were found to be very efficacious in the treatment of dysentery and diarrhœa.

Pathological research was also commenced. As has been stated, there was a dissecting room, and in a requisition dated 1831 an order for apparatus for anatomical injection was made; this was for personal use, as no students were admitted into the Hospital in this period. The dissecting room was in active use, and was used for the dissection of criminals under sentence of the law, and in it was accumulated a collection of specimens. It was intrusted to the charge of G. F. Moncrieff, appointed assistant surgeon in 1833, and by this special allocation of duties he must be regarded as the first pathologist appointed to the Sydney Hospital. Post-mortem examinations were regularly carried out, but no scientific records of these have been found, and in the medical evidence at the coroner's inquests no data of any interest can be extracted.

A post-mortem performed by James Mitchell in 1827 on the body of Sudds, one of the unfortunate pair in the celebrated case of Privates Sudds and Thompson, created considerable public stir: the allegation at the time was that Sudds had been improperly treated by Mitchell's colleague, McIntyre, in the gaol, and the publication of the post-mortem results was one of the popular demands.

Altogether the Bowman period was the golden era of the Sydney Hospital during the time it was used essentially for the treatment of convicts. The chaos that existed under Wentworth was reduced to order, and there was the dawn of methods approaching modern ideas. The germ thus laid probably had an influence in the subsequent organisation of the Infirmary; but, as it will be seen, during the remaining years of convict occupation, the Hospital was in a state of transition and decline.

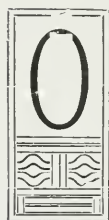




CHAPTER VI.

THE CLOSE OF THE CONVICT ERA, 1836-1848.

THOMPSON'S APPOINTMENT—DISSENSIONS CREATED
—MITCHELL DISMISSED—DAWSON SUPERSEDES
THOMPSON—CHANGES IN ADMINISTRATION—IN
FINANCE — DISEASE — TREATMENT — REMOVAL
OF CONVICTS FROM THE HOSPITAL.



ON April 1st, 1836, the Hospital passed under the control of J. V. Thompson, holding the office of Deputy Inspector-General of Hospitals. The immediate effect of this was that the Hospital and its staff were no longer subject to an independent civil officer, who framed its by-laws, and was responsible only to the Governor, but they became assimilated to the military establishment and were amenable to the rules and regulations for the management of general Military Hospitals on Colonial stations, under a military officer responsible to the Governor as Commander-in-Chief. This change applied to the whole Colonial medical establishment, and was very unpopular amongst the Colonial surgeons, as the effect to them

was that they could no longer consider themselves permanently attached to one hospital, but were liable to removal to other stations according to the exigencies of the service ; this virtually cancelled their privilege of private practice. Combining the convict and military medical establishments under the one official head was regarded by Governor Gipps as an excellent measure, but the appointment of Thompson to inaugurate the change was most unfortunate. He was a man totally devoid of the tact required to conciliate the opposition, and he lacked the firmness and decision which were necessary to give effect to the new orders rendered necessary by the change. The civil medical staff generally throughout the Colony were soon in a state of smouldering rebellion, and the climax was reached by the open revolt of Mitchell.

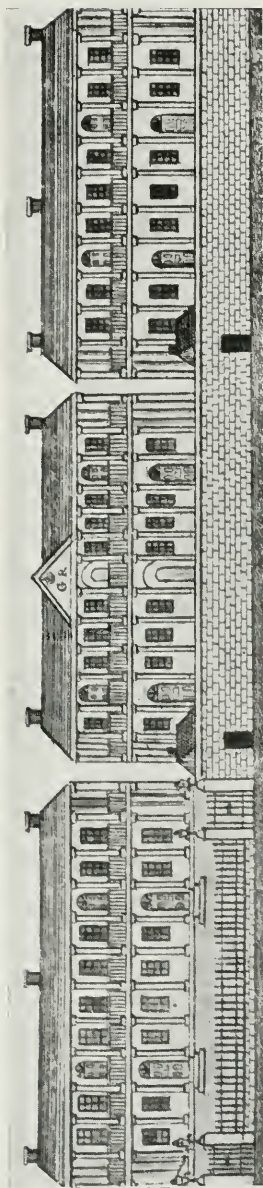
Thompson had received special instructions to make an immediate inspection of all Colonial hospitals, and to arrange for effective control over the issue of stores to out-stations by framing regulations to suit the Colonial conditions. Nevertheless, he took no pains to make himself at once conversant with the details of his department, and during the first eleven months he visited the wards of Sydney Hospital only on two occasions, once with Bowman, when taking charge, and a second time with the Governor. Still he initiated the custom of issuing a number of departmental orders connected with the intimate working of the Hospital, many of which were ill-advised and impossible under local conditions, and some of them had to be countermanded by the Governor. During his whole administration he gained no credit with his superior

officer, the Commander-in-Chief, who was constantly complaining of delay in correspondence, and dilatoriness in rendering reports.

At the date of the change, Mitchell and Moncrieff were stationed at the Hospital. For some twelve years past the former had held almost undisputed sway over the Hospital and stores, and naturally innovations were distasteful to him; but Thompson in the first twelve months completely altered all the previous routine. Disputes and difficulties arose, but many were over mere matters of petty administration, which were unduly magnified, and probably never would have arisen if Thompson had properly grasped the subjects dealt with.

To take charge of the medical stores, which now became a part of the Army Ordnance Department, a deputy purveyor or acting apothecary was appointed. Jonathan Croft filled this position, and assumed office on May 1st, 1836. Croft was an old Army man, and had served under Wellington in the Peninsular War and the campaign of 1815. After Waterloo he, as purveyor, had the entire charge of the 35,000 wounded in the battle, but in 1836 he was an oldish man with fixed ideas, and probably was the prime instigator of many of Thompson's regulations.

The first friction in the Hospital arose over the allocation of the quarters and the duties of Croft. Orders were given by Thompson to Moncrieff to vacate the south wing to provide accommodation for the deputy purveyor and his family, and Croft was charged with the issue of all stores, furniture, provisions, and diets for the Hospital; also with its financial concerns, economy, and good order, and



MACLEHOSE'S PICTURE OF GENERAL HOSPITAL. 1838.

(VERY INACCURATE.)

with the immediate superintendence of the overseer, matron, and other servants. These orders aroused intense opposition from Mitchell and Moncrieff, and on appeal to the Governor they were in part rescinded. The accommodation in the south wing was allotted between Croft and Moncrieff, and subsequently the assistant apothecary was also quartered there, and a special staff of servants were placed under the purveyor's control for working in the stores, leaving the Hospital staff proper to fulfil Mitchell's directions. Thompson then proceeded to issue a series of petty orders with regard to doorways and padlocks, the appropriation of kitchens and apartments, the abolition of the dissecting room, and other small details, which raised the medical staff in open revolt. The ill-advised and petty orders are well illustrated by the instructions to Moncrieff to share a *one-stall* stable with Croft. The demeanour of the staff probably induced Thompson to frame his regulation of October, 1836, instructing the deputy purveyor to see that his instructions were carried into effect in the Hospital, thus giving Croft the power to supervise and control the proceedings of an officer of superior rank, namely Dr. Jas. Mitchell. This unsatisfactory condition of the administration prevailed until Mitchell, in March, 1837, preferred charges against Thompson in connection therewith. An inquiry was then ordered, which resulted in Mitchell being reprimanded for insubordination in preferring charges against his superior officer, but at the same time Thompson's order of October, 1836, was repealed, and Croft's duties were restricted solely to those of deputy purveyor and acting

apothecary. Unfortunately these proceedings caused an open breach between Mitchell and Thompson, and the restoration of harmony was clearly impossible. Finally, in August and September, 1837, Mitchell did not fulfil the deputy inspector's orders to personally superintend the corporal punishment of prisoners at Hyde Park Barracks, a disagreeable duty which for the past twelve years had been performed by the assistant surgeon, and after an inquiry he was removed from his office of Colonial Surgeon on September 26th, 1837, for insubordination, a sentence which was approved of by two successive Governors, Bourke and Gipps. Mitchell's case was taken up by the newspapers, and on October 5th, 1837, Thompson was indiscreet enough to write a letter to the *Colonist* in his own defence. This letter was the subject of a libel action before Chief Justice Dowling, and resulted in a verdict of £100 damages in favour of Mitchell.

After the removal of Mitchell, for Moncrieff had retired in November, 1836, the immediate administration of the General Hospital passed into a quiescent period. The new staff were not conversant with the old order, and as they were appointed under the new routine, they made little opposition to its system. Thompson's general administration of his department, and neglect of duty, remained very unsatisfactory, and was the subject of frequent adverse reports from the Governor to the English authorities. Accordingly, the Secretary of State, acting on the advice of Sir James McGregor, Inspector of Hospitals in London, sent out Wm. Dawson, M.D., to supersede Thompson, and he

arrived in Sydney on 11th February, 1844. Wm. Dawson remained the official head of the Hospital until the close of the convict era in 1848, and his administration was undisturbed by any internal disorders.

Whilst the staff was being torn with dissensions, many alterations were made in the intimate working of the Hospital. By its assimilation to the military medical department many branches of the service became interested in its work. The Hospital stores, which also included the stores transferred from the Army Medical Dépôt, formed a part of the Army ordnance. Repairs were carried out by the Royal Engineers, rations and sundries were provided by the Commissariat, and the expenditure was met partly by the military chest and partly by the convict funds. The superior staff of the Hospital was also increased by the appointment of an assistant apothecary.

The finances were remodelled. The Deputy Inspector-General received a salary of £547 10s. ; the acting apothecary, £264 12s. 6d. ; and the assistant apothecary, £91 5s. After Mitchell's retirement the salary of the surgeon was reduced to £237 5s. ; but that of the assistant surgeon remained as before. All this staff, except the deputy inspector, received quarters and rations. The custom was initiated by Thompson of giving the appointments to officers on the Army half-pay list, Thompson and Croft themselves having been on this list. The half-pay salaries were then paid out of the military chest, whilst the difference between these and the Colonial salaries was provided out of convict funds.

The finances were improved by various economies. The issue of gratuitous medicine to the Colonial officials was abolished, and a charge was made for all patients admitted, except convicts at Government labour. Assigned servants continued to be charged for at the rate of 1s. per diem at their master's expense. After April 1st, 1838, free paupers, who were required to produce a certificate of poverty from a clergyman, were admitted on a Governor's order at an expense of 1s. 9d. per diem to the Colonial Government's funds. This change was due to the report of the Audit Commissioners in 1837, and most certainly was a reasonable one, as 13 per cent. of the patients treated were these paupers. The Colonial Government were also responsible for the same charge for all police constables admitted, but the rate in both cases was reduced in 1844 to 1s. 3d. per diem. Free persons, such as merchant seamen, were charged 3s. per diem, but hospital abuse was current, and many such persons obtained admission as paupers. The charges thus made relieved the English Treasury considerably, until, in May, 1844, the Hospital was almost self-supporting, for, after providing for salaries of officers and staff, services performed by the Commissariat, Ordnance, and Royal Engineers, and cost of medicines and sundries, there was the small deficiency of £12 19s. 9d. on the month's transactions. The actual expenditure per patient treated was 1s. 3d. per diem in 1839, and this was reduced to 9d. per diem in 1844.

The staff in the Hospital was slightly reduced by Thompson, and wardsmen and nurses were maintained on the efficiency of one to every ten patients

confined to bed, and the washermen on the basis of one to every twenty patients in the Hospital.

During this epoch, there are no exact statements to be found of the diseases treated at the Sydney Hospital, and the annual returns contain the general summary of the whole medical department of the Colony. As at the General Hospital the larger proportion of the cases were treated, it is only fair to assume that the cases there would in a general way be a replica of the summary of diseases, except that at Sydney the acute diseases were in greater relative proportion. Greater precision in diagnosis seems to have developed. In the special departments are found cataractæ, nyctalopia, ophthalmia, and psorophthalmia, otitis, and polypus naris, amenorrhœa, dysmenorrhœa, and menorrhagia, peripneumonia, pleurodynia, pleuralgia, pleuritis, and pneumonia, and all the common skin diseases. In the return for 1838, eight cases of lepriasis (the old name for leprosy) are reported as admitted and discharged; and again in 1841 eight cases of lepra. These were probably the same cases in each year, constantly applying for treatment at Sydney Hospital amongst other institutions, there being no lazaret established.

A very severe epidemic of influenza occurred in October and November, 1838, and the fatality amongst Hospital cases was 14·3 per cent. The mortality statistics of 1838 are of interest as a side-light on the results of treatment, and out of every hundred treated the death-rates were:—Phthisis, 50; dropsy, 40; erysipelas, 15·4; pneumonia 14·4; influenza, 14·3; fever, 9·5; dysentery, 8·3; diarrhœa, 5·7; and scorbutus, 5·7.

The indoor and outdoor duties were continued as before, but of the progress of treatment only occasional glimpses are gained. Influenza was treated at the outset by the administration of powerful emetics. Some form of electro-therapeutics was adopted, and also at this early date mercurial injections were tried, but the technique of either is not stated. During this period a most important milestone in the history of medicine was passed. The stethoscope was introduced and was brought to the Colony, probably by Farquhar McCrae, M.D., who was one of the first honorary surgeons to the Sydney Infirmary in the south wing. It did not, however, come into general use until the early sixties.

A new dietary scale was ordered by Thompson, and was adopted in September, 1836. There were four classes, full, half, low, and fever diets, and in all four breakfast and supper consisted only of one pint of tea, containing $\frac{1}{4}$ oz. tea, $\frac{3}{4}$ oz. sugar, and $\frac{1}{8}$ pint of milk. Dinner was as follows:—Full diet: 1 lb. meat, 1 lb. bread, 1 lb. vegetables, 1 pint broth. Half diet: $\frac{1}{2}$ lb. meat, 1 lb. bread, $\frac{1}{2}$ lb. vegetables, 1 pint broth. Low diet: $\frac{1}{4}$ lb. meat, $\frac{1}{2}$ lb. bread, $\frac{1}{4}$ lb. vegetables, $\frac{1}{2}$ pint broth ($\frac{1}{4}$ oz. salt and 1 oz. rice was allowed daily in the broth). Fever diet: Panada made of $\frac{1}{2}$ lb. of bread, with sago, arrowroot, pudding, and other extras, as occasion required.

During this military period, the central building accommodated the patients and the inferior staff until the beginning of 1843, when space was also provided for the stores, which were removed from the south wing. The latter was called the medical

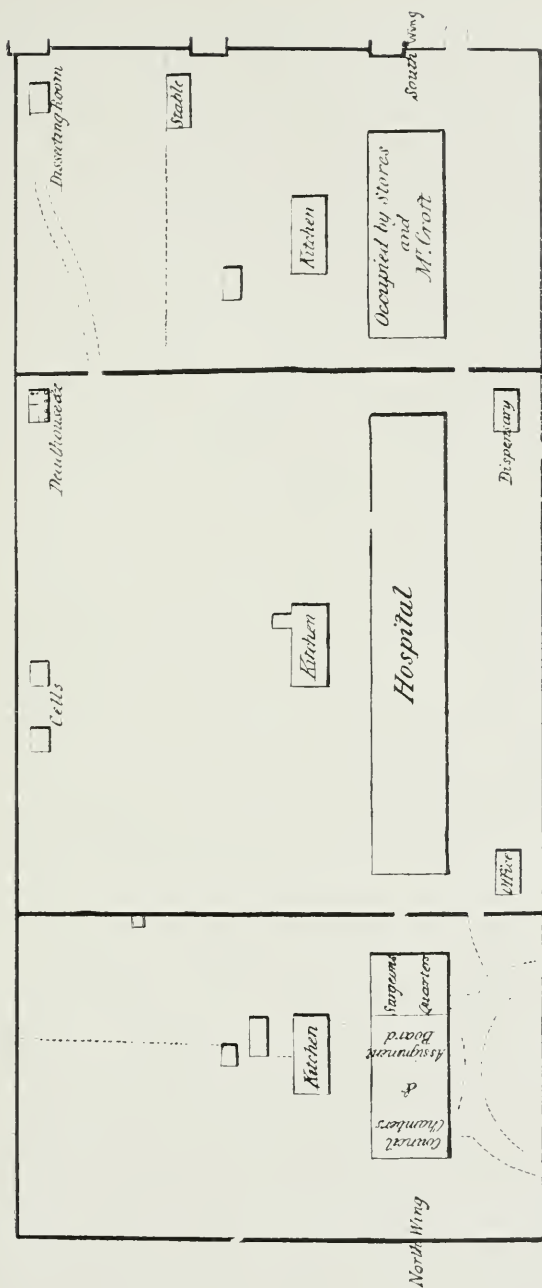
depôt, and was at first occupied by the Army Ordnance Department on the ground floor, and by Croft and various officers on the upper floor. But in February, 1842, the lower southern room and the adjacent verandahs were transferred to the Sydney Dispensary, which also received a little later the quarters of the assistant surgeon. At the end of March, 1843, the entire south wing was vacated and was then handed over to the Sydney Dispensary, Croft receiving lodging allowance in lieu of his quarters. At the same time the Inspector's office in front of the main building was utilised for the Department of Stores, the inspector being provided with offices away from the Hospital. Early in this period the senior surgeon occupied quarters in the northern wing, but in 1843 these were vacated, and as the Board for the Assignment of Servants had been abolished, the Legislative Council entered into final possession of the entire northern wing. The increased accommodation for the Council had been rendered necessary by the proclamation of the Constitution Act on January 5th, 1843.

In the meantime transportation of convicts to New South Wales began to be reduced, and ceased entirely in 1841, and naturally the necessity for maintaining convict hospitals gradually declined. The medical establishment was progressively reduced, Windsor, Bathurst, and Goulburn* Hospitals being the first discontinued, in the year 1842. The abolition of all the convict hospitals was later determined on, and the other country institutions

* The hospital at Goulburn was continued by a local committee on a plan based on that of County Hospitals in England. Other towns subsequently did the same.

were successively closed. The General Hospital at Sydney was the last to survive, but finally, on March 28th, 1848, Dr. Dawson reported that all the patients under treatment there had been removed to the Parramatta Factory. The medical officers were transferred to the medical staff in Tasmania, and twenty tons of hospital stores were also sent there.





PLAN OF GENERAL HOSPITAL IN 1838.



CHAPTER VII.

THE SYDNEY DISPENSARY.

ESTABLISHMENT IN 1826 — CONSTITUTION AND
OBJECTS—PRÉCIS OF HISTORY—GRANT OF SOUTH
WING—OCCUPATION OF CENTRAL BUILDINGS.

IT is now necessary to digress somewhat and trace briefly the history, constitution, and objects of the Sydney Dispensary, which in 1843 received possession of the south wing, and in 1848 entered into occupation of the central block of buildings, and was the actual and legal predecessor of the Sydney Infirmary and Dispensary, which after the latter date administered the Hospital.

In the second decade of last century the condition of the pauper sick was pitiable; there was no opportunity for them of obtaining medical attendance except at the convict hospitals, a course which many avoided, as it necessitated association with the criminal population, and admission was placed under rigid restrictions. In consequence, the necessity for a dispensary was keenly felt, and as early as 1816, Wm. Redfern advocated the establishment of such an institution, but the idea was abandoned, as it was considered impracticable

at that time. However, in 1826 the project was revived and received much influential support, the Governor consenting to become patron, and Drs. Bowman, Bland, Ivory, Doyle, and McIntyre offering their professional services gratuitously. Public subscriptions were called for in June, and by the beginning of September the sum of £367 5s. had been promised ; in achieving this successful result Dr. Bland was greatly instrumental, and more than one half the funds were collected by his personal exertion. This amount was deemed sufficient to proceed to the formation of the institution, and an inaugural meeting of the subscribers was convened on September 25th, 1826, at the Sydney Hotel. At this meeting Alexander Macleay occupied the chair, and there were present Colonel Dumaresq, the Revs. Cowper and Hill, Drs. Mitchell, Ivory, Bland, McIntyre, Messrs. Lithgow, Spark, McQueen, Terry, Chambers, McIntyre, Raine, Nicholson, and Keith. Macleay was appointed the first president, T. Iceley treasurer, E. J. Keith secretary, and Dumaresq, McKenzie, Terry, and nine others, together with the medical staff, as *ex officio* members, formed the committee. It was decided to rent premises and open a dispensary for the gratuitous medical treatment of free poor patients who were unable to pay for medical attendance. The rules were drawn up, and it was agreed that an annual payment of £1 entitled the subscriber to the right of having one patient constantly on the books, and for every additional £1 subscription a similar right.

The Dispensary was then opened, and patients recommended by the subscribers were treated as

out-patients at the Dispensary rooms, or when necessary visited in their own homes ; for the latter purpose Sydney was divided into districts, and each was entrusted to the care of an honorary surgeon.

At first the institution was supported entirely by public subscription, until for the year 1835 and subsequently the Governor granted a subsidy from the Colonial funds equal to the amount collected in each year from the public. After a few early years of financial difficulties the Dispensary prospered and achieved much good work amongst the poor ; but as the scope of the work increased the duties became too severe a tax on the honorary medical staff, especially at times of epidemics, such as that of influenza in October and November, 1838, and the appointment of a salaried medical officer became necessary. In 1839 F. Mackellar, M.D., received the position with an emolument of £130 per annum, an office which he held until 1845. He was required to reside near the Dispensary, and devote two hours a day to Dispensary duties, and further, attend to the district work ; the former honorary staff at the same time were appointed consulting surgeons and physicians. In 1841 the staff was further increased by the appointment of H. Houston as dispenser at £75 per annum.

The Dispensary during its existence occupied many different premises, and was at first located in a cottage in Macquarie-street, and later for some years in Terry's Buildings in Pitt-street, in conjunction with the Australian Subscription Library, but the annual payments for rent, which varied from £60 to £150, were a considerable call on the funds. At the annual meeting held in May, 1837,

it was therefore decided to request the Governor, Sir R. Bourke, to grant an allotment of land, suitable for the erection of a Dispensary building. A memorial to this effect was presented to the Governor on 4th July, 1837, but met with no encouragement, as Bourke considered sufficient support from the Crown was already granted in the pound for pound subsidy, and he had also grave doubts as to the propriety of the Dispensary undertaking the responsibilities of building; a similar request in August met with like failure. However, in February, 1838, Sir George Gipps assumed the office of Governor, and had arrived in Sydney with full knowledge of the contemplated reduction of the convict establishment by the English Government, and he, in reply to a further request of similar nature in June, 1838, stated that something much more comprehensive than a mere dispensary would be required shortly, and hoped that the town of Sydney would not be backward in providing accommodation and medical treatment for its sick and indigent poor. Acting on this suggestion, the committee entered into further negotiations, with the result that a suitable block of land* near the Benevolent Asylum was reserved for Dispensary purposes in August.

Shortly after this date, however, at an interview between the Governor and the Dispensary officials, it was suggested that the south wing of the Hospital should be granted to that body. The reasons for this proposition arose when the English Government made the charge on the Colonial Government for the treatment of all free paupers admitted into

*This is now part of the site of the Central Railway Station.

the convict hospital, and it was then considered desirable that they should be treated by the Colony in a Colonial institution ; further, the custom had arisen, whenever the English Crown transferred to the Colony the burden of any administration, the buildings formerly occupied for such purpose were also transferred to the colonists. This informal interview was confirmed by a memorial to the Governor in January, 1839, and the proposal meeting with his approval he transmitted a second memorial to the Secretary of State from the committee, dated 18th June, 1839, and at the same time cordially recommended the transfer of the buildings, and discountenanced the desire of the military department to convert that wing into a military hospital, a project that was then under consideration. This suggested change was strongly opposed by the Ordnance Department in London, who at that time occupied the building, but none the less, Lord John Russell on the 25th May, 1840, sanctioned the appropriation of the south wing for the purposes of a hospital and dispensary, provided that the Government retained the option of resuming the building at any time that it may have been required for the public service.

This concession met with great opposition from Deputy-Inspector Thompson, the deputy purveyor, and the assistant surgeon quartered at the Hospital. Numberless difficulties were raised, necessitating inquiries and delays, and in spite of positive orders from the Governor in April and June, 1841, for the Ordnance Department to give the Dispensary Committee immediate possession of the extreme southern room on the ground floor, it was not until

February 16th, 1842, that they received the keys of the lower room, and shortly after the quarters of the assistant surgeon. The transfer of the whole building met with similar delays, and the obstructions created by Thompson were so persistent that the Colonial Architect did not report taking possession on behalf of the Colonial Government until 31st March, 1843. Finally, at 3 p.m. on April 20th, in the same year, the committee assembled on the premises, and was placed in formal occupation, holding the property during the pleasure of Government.

The legal status of the institution was then determined by Act 7 Vict., No. 23, dated 22nd December, 1843, which provided for the incorporation of the Dispensary, and it was henceforth known as the Sydney Infirmary and Dispensary. The passing of this Act through the Legislative Council had been entrusted to Dr. (afterwards Sir Charles) Nicholson, and was approved by the Queen in Council, 8th November, 1844. The issue of a deed of grant of the premises was approved by Governor Sir Charles Fitzroy, 1st February, 1846, the land to be bounded by a line midway between the rear of the Hospital buildings and the wall of the Domain. Upon being informed of this decision the board of directors urged upon the Governor the need for further space, in view of the developments they proposed, namely, the erection of a new operating room, the establishment of a medical school*, and medical and surgical museums; the

*This is not the first definite proposal for a medical school, as clauses 5, 6, 7, and 8 of the Medical Practice Bill of 1838 had that object in contemplation.

Governor thereupon approved (13th June, 1847) of the issue of a grant to include the whole depth from Macquarie-street back to the Domain, with a reservation of 26 feet 9 inches on the southern boundary. This grant, however, was never issued.

When the Dispensary acquired the property in 1843 the buildings were in very bad order, and the estimated cost of putting them in a habitable condition was £1,314. These repairs were accomplished by the aid of a vote of Council, and were virtually completed at the end of June, 1845. In the meantime the committee had purchased furniture, including sixty iron bedsteads, and sheets, rugs, blankets, and male and female day and night clothing to correspond, and in addition all necessary appliances for the use of the Hospital, in which it was proposed to accommodate sixty patients.

His Excellency Sir George and Lady Gipps and a select party of friends were then invited by the committee to make an inspection, and they expressed their entire satisfaction with the arrangements. Accordingly on 3rd July, 1845, the Infirmary was opened for the reception of patients.

The constitution and general regulations to control the administration of the Infirmary had been drawn up by a sub-committee of the Dispensary appointed in April, and submitted to the general committee in June, and finally revised in July, 1844, and many of these original rules form the basis of management of the Sydney Hospital in 1911.

The control was vested in a board consisting of a president, vice-president, secretary, treasurer, and

twenty-four directors elected from the governors of the institution by the subscribers and the governors, and six of the directors retired annually ; the board was required to meet the first Tuesday of every month to conduct the general business. Each year a house committee* consisting of twelve of the directors was appointed to superintend the general management and internal economy of the house, and to frame by-laws subject to the approval of the general board. The governors were subscribers qualified by certain conditions, and one class consisted of "the first-named executor under any will paying to the institution a legacy of £50 and upwards."

The medical staff consisted of two physicians, two surgeons, and a resident surgeon, who also acted as apothecary ; they were required to be registered by the N.S.W. Medical Board, which had been constituted in 1838, and to possess a British degree or diploma. The physicians and surgeons held office for four years, but one surgeon and one physician retired at the end of every two years ; they were charged with the Infirmary practice and the general superintendence of the resident surgeon, matron, and nurses ; they were also responsible for the division and classification of the patients. The surgical practice was placed under certain restrictions, as no surgeon was allowed to perform a capital operation without previous consultation with the other surgeon and at least one physician.

The resident surgeon was required to attend the medical officers in the wards, and also to make

*At this date it was officially called the "weekly committee."

daily rounds himself between 8 and 9 a.m. and 6 and 7 p.m. He had also to keep a book containing accurate histories of each case, and a second book for all prescriptions and dates of admission and discharge. The bed cards at this time contained only the name, age, disease, and date of admission of the patients. He performed the minor operations and the post-mortem examinations, and had charge of the surgical instruments, and dispensed all medicines, but was not allowed any private practice. He was also required to superintend the matron, nurses, and servants.

The matron supervised the nurses and servants, and had the care of all household goods, furniture, etc., of which she took an annual inventory in December. She was required to visit each ward once a day, to weigh and measure all provisions, and to keep a diet book recording the diet of each patient. The nurses' duties, besides the routine care of the patients, included the cleaning of all the wards before 7 a.m., and the serving of all breakfasts before 8 a.m.

Patients were admitted by the recommendation of qualified subscribers, by the physicians and surgeons, or in cases of urgency by the resident surgeon. Seamen and others able to contribute towards their support were admitted upon payment of the sum of 1s. 6d. per diem. Strict rules were enforced for the conduct of all patients whilst under treatment.

The Dispensary undertook the treatment of home and out patients. For the treatment of the former the city was divided into four districts :—(1) Gipps and Brisbane Wards, (2) Bourke and Macquarie

Wards, (3) Phillip Ward, and (4) Cook Ward, to each of which a district surgeon was appointed at an honorarium of £25 per annum. The out-patient department was open from 1 to 3 in the afternoon, and 6 to 8 in the evening, and was conducted by the Dispensary staff; patients were required to present a subscriber's card of recommendation at each attendance, and to provide their own bottles.

A vaccination department was also established, and was open at 10 a.m. every Wednesday; each patient attended was charged 1s., which was refunded if the patient returned for examination on the following Wednesday. This was enforced with the object of maintaining the supply of vaccine material, an important detail, as all lymph had to be imported into the Colony.

The medical staff had been elected on 27th March, 1845, and the first staff consisted of John Macfarlane, M.D., and George Fullerton, M.D., physicians; Charles Nathan, F.R.C.S., and Farquhar McCrae, M.D., surgeons; Hugh Houston, resident surgeon and apothecary; W. Houston, T. Phillips, S. Maberley, R. W. Neilson, district surgeons; and Mrs. Baxter, matron.

The Sydney Infirmary was carried on in the south wing until September, 1848, and its usefulness had become annually more manifest. In the first six months 193 patients were admitted, the greatest number in the house at one time being 49, whereas in June, 1847, as many as 63 patients were under treatment.

In the beginning of 1848, when the English Government were breaking up the convict hospital,

there were twenty-five patients of the class of free paupers under treatment there at the expense of the Colonial Government, and the authorities of the Sydney Infirmary were approached with the view of taking over the treatment of them, and providing for the future treatment of patients of the same class, still at the expense of the Colonial Government, when admitted on a Government order. The directors, however, were unable to accept the responsibility owing to the large demand that was made on the beds they had available, but suggested that if the central buildings, which formed the convict hospital, were transferred to them, they would in future receive all free paupers, presenting a Government order of admission at a cost to the Colonial Treasury, varying from time to time, but not to exceed the actual expense incurred by the patient while in the house. Although the military desired these buildings as a residence for the General, the Governor on 13th March approved of the directors' proposal, subject to the concurrence of the Secretary of State, and provided that possession of the south wing was given up. The convict hospital was vacated by the convict patients in March, but owing to delays on the part of the Army Medical Department the directors of the Sydney Infirmary did not accept the conditional surrender of it until 18th August, 1848, and entered into possession of the premises on September 13th. They received the central building for the two-fold consideration of giving up the south wing, of which they had the promise of an absolute grant, and of undertaking to maintain pauper patients under certain conditions, upon the distinct

understanding that in the event of the grant of the main building not being confirmed by the Home Government, they had the right of re-entry into the south wing.

The buildings were placed in good order with the aid of a vote of money by the Legislative Council, and the Sydney Infirmary was finally established on the site it at present occupies under the name of the Sydney Hospital.





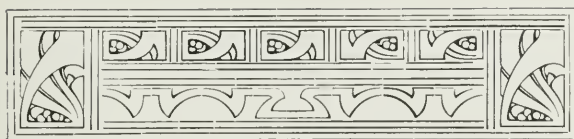
JOHN MACFARLANE, M.D.
PHYSICIAN 1845-1865.



CHARLES NATHAN, F.R.C.S.
SURGEON 1845-1865.



GEO. FULLERTON, M.D.
PHYSICIAN 1845-1847.



CHAPTER VIII.



THE SYDNEY INFIRMARY, 1848-1868.



OCCUPATION AND ORGANISATION OF CENTRAL
BUILDINGS — CONSTITUTION OF BOARD OF
DIRECTORS — FAILURE OF MANAGEMENT —
FINANCES — ADDITIONS TO BUILDINGS.

THE successful achievement of obtaining for the Sydney Infirmary the possession of the buildings, which up to that date had been occupied as the General Hospital, maintained principally for the treatment of convicts, was due largely to the influence of three men—that is, to the sympathetic interest of the Governor, Sir Charles Fitzroy, and to the individual exertions of the President, Alexander Macleay, and of the Vice-President, E. (afterwards Sir Edward) Deas Thomson. Macleay, however, was not destined to see the happy consummation of his efforts, for he died in the year 1848, and was succeeded by Thomson as president.

The buildings then entrusted to the Infirmary were erected on an area of 2 acres 3 roods 27

perches, and consisted of the original central block, built in the time of Governor Macquarie, containing the four wards and two lobbies on each floor, the original kitchens, a dead-house, the Dispensary building in the south-western corner, and the building in the north-western corner formerly occupied as an office by the Inspector of Colonial Hospitals : they were entirely surrounded by a high stone wall, possessing two small doors as entrances on the Macquarie-street frontage. The buildings were much dilapidated and required large repairs, such as re-shingling the roof, repairing woodwork, painting, etc., and these were carried out with funds voted for that purpose by the Legislative Council out of the Colonial revenue.

At the commencement, the Infirmary furnished and fitted up six wards, but of these four only, three for males and one for females, were opened immediately for the reception of patients. Some of these wards did not embrace the entire extent of the original rooms as designed in Macquarie's time, for in certain cases they had been subdivided by partitions, and further small rooms were made in them by wooden screens partly extending to the ceiling. The six wards were arranged to receive a varying number up to twenty patients each, and the demand for admission so rapidly increased that within eighteen months a seventh ward was finished, being a subdivision of one of the main wards, and all seven wards were used for the accommodation of the sick, five for male patients and two for female : the women's two wards were on the upper floor at the northern end. An operating room was provided by a subdivision in one of the

wards. The northern lower Macquarie ward was used to accommodate Hugh Houston, the resident surgeon, and a board-room for the directors was arranged in the adjacent lower ward. The matron and nurses were quartered in the rooms in the female wards created by the wooden partitions already described.

The old Dispensary building was set apart for the use of the district surgeons and out-patient department, and a room for the dispensing of medicines was also arranged here. The old Inspector's office was utilised for the convenience of the honorary staff.

The kitchens and laundry were located in the old Macquarie kitchens, and above these the quarters of the wardsmen and servants were arranged. The dead-house was little better than a shed, situated in the north-eastern corner of the Hospital grounds.

The Infirmary was maintained with the object of providing (1) a hospital for the gratuitous treatment of in-patients afflicted with acute diseases, who were unable to procure the same at their own expense, and were recommended by the governors of the institution, and (2) a hospital for pauper in-patients, received by order of the Government, and for whose treatment the Legislature provided at a rate equal to their cost to the institution ; in addition, poor people were admitted, who, though unable to pay for medical advice, contributed to the Hospital funds a sum of 1s. 6d. per diem.

The Dispensary, which was conducted in conjunction with the Infirmary, provided for, firstly, gratuitous advice and medicine to pauper out-patients recommended by subscribers, and secondly,

district visiting on the pauper sick in their own homes, when unable to attend at the Dispensary.

The institution was conducted under the same rules and regulations which had been in force when the south wing was in occupation, but they underwent some revision in January, 1853, rendered necessary by the enlarged scope and sphere of operations, and a second revision in January, 1867. The various amendments are noted, when considering the different details they refer to.

The management and control was vested in a board of directors, some of whom were elected annually by the governors and annual subscribers of £1 and more from among the governors. The governors were annual contributors of £2 or more, and the physicians and surgeons of Infirmary *ex officio*; also there were life governors, who were (1) donors of £20 (in 1867 increased to £50) or more in one sum (in 1867, or during twelve months); (2) the minister of any congregation contributing £50 during his incumbency (in 1867 altered to during two years); (3) the first-named trustee or executor under any will bequeathing a legacy of £50 (in 1867 increased to £100) to the institution; and (4) the nominee of any society contributing £30 (in 1867, £50) or upwards in one sum.

The office-bearers were a president, vice-president, secretary, and treasurer, but in 1859 a second secretary was appointed, and in 1861 two additional vice-presidents—all honorary appointments. The board of directors consisted of these officials and twenty-four members: six of these members retired annually, being those who had attended the fewest meetings during the year: in addition the

Colonial Secretary, the Speaker, the members of the Legislature for the City of Sydney and County of Cumberland, and the Mayor of Sydney were directors *ex officiis*, provided they were qualified as governors.

The directors met monthly, on the first Tuesday of every month, five constituting a quorum, and they conducted the general business of the Institution. Each year a weekly committee (afterwards called the house committee) was elected from among themselves, consisting of twelve members, who met every Monday at noon, three forming a quorum : they regulated the entire intimate details of management of the Hospital, and had the power of appointment and dismissal of all the Hospital staff, except the resident surgeon, matron, and house steward, who were responsible to the full board.

The constitution and methods of administration of the board of directors and weekly committee were the main factors of weakness in the affairs of the institution. The directors were men drawn from all classes of the community, including clergy, and naturally possessed many and divergent views on hospital administration : in their individual capacities they showed a general desire to work for the good of the institution, but as a body they proved themselves utterly incapable of governing the Infirmary in a manner entitling them to the confidence of the community as a whole. The attendance of the members was irregular, and a proposal at one meeting, postponed to another meeting, would be considered by members absent at the first meeting and ignorant of the previous

discussion ; again, a meeting would be packed by members supporting a particular proposition, who would pass it, only to have it rescinded at the next meeting by another group of directors. As a natural sequence of such procedure, there was no concerted action. The directors being divided in cliques, the meetings were prolonged by discussions to the detriment of prompt decisions on any matter : the presence of clergy of different denominations and opinions as directors was a considerable factor in such dissension ; whole meetings were often wasted in useless discussions, and, instead of being devoted to the practical consideration of abuses to be remedied, were frittered away in personal altercations and useless declamation to such an extent that business men were driven away, thus leaving the field to others remarkable rather for zeal than for discretion or administrative capacity to deal with the affairs of the Hospital. To these directors, who were thus more often than not divided against themselves, the Hospital staff had final appeal ; a wardsman or nurse who had been suspended would have the suspension almost immediately removed by the influence of a friend on the board, and such a decision naturally disorganised the discipline in the house.

The weekly committee also performed their duties in a perfunctory style. They were supposed to inspect the entire buildings, supervising their order and cleanliness ; but instead of doing so they met in the board room and walked only through the actual main wards, and as there was no subordinate official solely responsible for the cleanliness of the minor apartments, these were usually in a disgraceful

state. All supplies of everything necessary for the Hospital were secured only by formal requisition to this committee, and the red tape and discussion involved thereby were a constant source of disgust to the Hospital officials from the house surgeon downwards.

The shortcomings of this administration were not officially recognised, until a sub-committee was appointed in 1865. This committee presented a most adverse report, severely criticising details in the entire internal economy of the Hospital. Owing to this report the labours of the directors were delegated to sub-committees, specially appointed to superintend the supply of provisions and of clothing, finance, and visiting—but they were still responsible to the full board: further, in 1867 a superintendent was appointed, charged with the control of all the servants of the house and the general oversight of all the details of management. These innovations caused some improvement, but were subject to many limitations, and their moral effect was rendered almost null and void by continued interference on the part of individual directors at full board meetings. Vital reforms were not initiated until after the close of the period under review.

The finances of the Infirmary developed from the funds of the old Dispensary. In 1845, when the Sydney Infirmary and Dispensary were inaugurated in the south wing, the Dispensary funds were transferred to the new institution; but of these £1,200 was placed to the credit of a permanent endowment fund, and was invested in Government, City, and land and immigration debentures, and on

mortgage. The annual income was derived from the interest on these investments, from the cash received from paying patients at the rate of 1s. 6d. per diem each, from payments by the Colonial Treasury for the treatment of paupers and immigrants admitted on a Government order subsequent to 1848, from annual subscriptions by the public, and from a Government grant, at first equal in amount to that subscribed by the public in the previous year.

The finances were entrusted to the hon. treasurer, and prior to the year 1865 he was responsible for the immediate care of the cash-book, journal, and ledger. This was an onerous duty and was fulfilled, when Mr. Cameron was treasurer, and the duties had then been much increased, by a clerk in his personal employ in the office of Mort & Co. When Mr. Cameron retired his successors had not the facilities, and a clerk in the Hospital was charged with the keeping of the books. The treasurer paid all accounts and salaries after being approved by a meeting of directors and countersigned by the chairman at such meeting, one director, and the secretary, and the cheques were signed by such chairman, the secretary, and the treasurer.

In the first few years the annual Government subsidy was a sum equal in amount to that of the public subscriptions in the previous year, but in 1852 it became a fixed sum of £700 per annum, and continued at that amount until the year 1859. For the next two years the subsidy varied, and in 1862 the original pound for pound system was reverted to for three years ; in 1865 it was fixed at £1,727, and the following two years at £2,000, and in 1868

at £3,000. During the twenty years under consideration the subscriptions of the public and minor sources of revenue amounted to £45,167 10s. 7d.,* whereas the Crown subsidies, owing to the variations just mentioned, only amounted to £21,950 9s. 8d.* However, in addition to the annual subsidies, many grants of money were voted by the Legislature for building purposes, and the amount of these votes actually expended in this period was £8,422,* comprising chiefly the initial improvements on occupation of the building, the erection of the new Dispensary, of a new dwarf wall on the Macquarie-street frontage and of the south wing. Cash paid by the Crown for the maintenance of paupers amounted in the same period to £47,885 17s. 10d.*

The Permanent Endowment Fund progressively increased, until in 1868 it amounted to £6,449, due to various bequests and donations, the chief one being a bequest of £3,612 10s. from Mr. F. Jones, received in 1861 and 1863.

In 1867 Mr. Thomas Walker, of Yaralla, Concord, established a Benefactors' Permanent Trust Fund, by donating £1,000 to be invested in the names of trustees, with the proviso that the income be paid to the treasurer as a perpetual subscription. This fund was augmented in the following year by a donation of an equal amount from Mrs. Mary Roberts.

Certain of the finances were at first rather loosely administered, and amongst these, the unclaimed moneys of patients dying in the Infirmary were paid

* These figures are calculated to the end of June, 1868, the first complete twenty years, and do not include the cost of the Nightingale Wing.

into the Savings Bank and after accumulating at interest for a considerable time, were withdrawn and paid into the current account of the Infirmary. In 1865 this practice was discontinued, and all unclaimed moneys were paid to the credit of a new fund, called the Samaritan Fund, which was utilised to afford assistance to discharged patients, whose health did not enable them to at once earn the means of support. This fund, in 1868, amounted to £740 5s. 8d.

In 1865 an important step was first taken in the insurance of the buildings, which was effected for the sum of £14,000 at a premium of £34 16s.

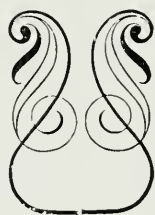
In 1856 the Infirmary first commenced to work on an overdraft. This custom had a very small beginning, and in this year the interest on overdraft was only £1 7s., which was due to small temporary accommodation for a short period arranged with the Bank of New South Wales, pending the payment of Government grants. The custom rapidly grew, and in 1860 the Infirmary paid £53 8s. 7d. in interest, and finally, at the close of the year 1868, the overdraft amounted to £2,272 7s. 2d., which, however, was shortly afterwards covered by the payment of money due by the Government for the maintenance of pauper patients.

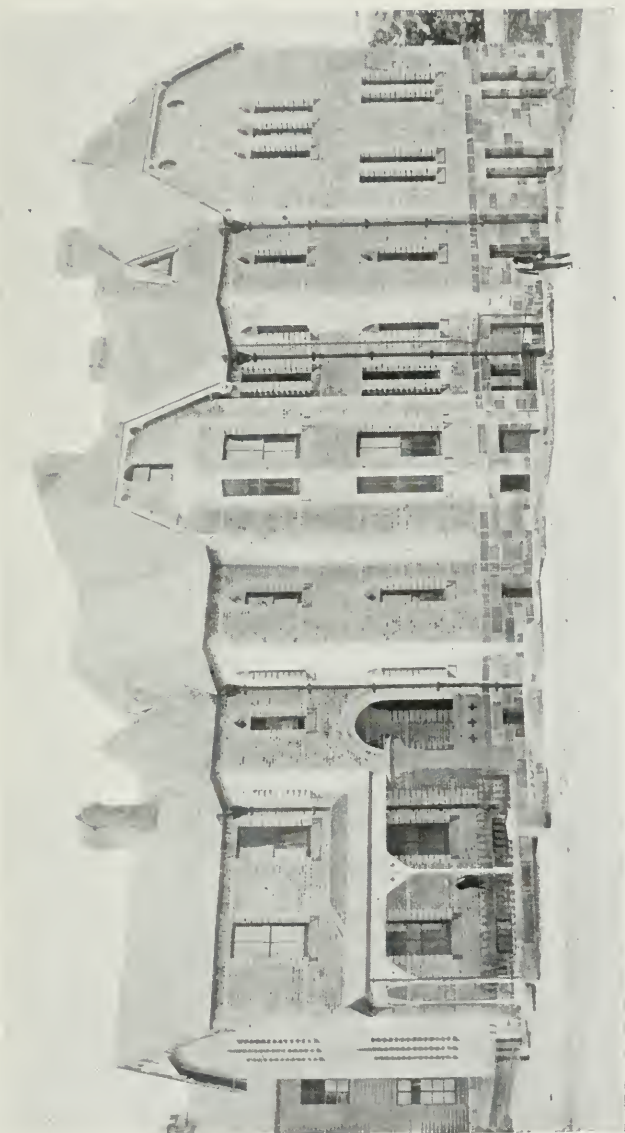
The growth of the institution in this period is well illustrated by the growth of the balance-sheet, for the transactions in 1849, the first complete year of the enlarged Infirmary, were only £3,873 14s. 5d., and the year 1868 closed with the large total of £15,093 18s. 11d., whilst in the same time salaries of the immediate Infirmary staff increased from £496 5s. 6d. to £2,854 10s. 11d.

Current events of the day had their reflex in the Hospital, especially in the finances. The discovery of gold in 1851 brought a large influx of population to the Colony with corresponding increased demand for admission to the Hospital, but at the same time it also created a more general distribution of wealth and financial prosperity, so much so that three years later the public subscriptions to the Infirmary had increased by 85 per cent. In like manner the financial stringency which was experienced in the 'sixties' caused a diminution in the public support and corresponding weakening of the finances.

The premises underwent numerous successive improvements and additions. In 1850 the first bath-house was erected, containing two baths for the use of the entire Infirmary, and was situated in the middle of the lower back verandah; in the same year also the Infirmary was first lighted by gas. In the year 1855 an operating theatre was erected on the balcony above the bath-house, and the cost of erection was paid by the Government; also, a small accident ward was constructed, containing four beds, the expense being defrayed by a donation of £105 by Mr. (afterwards Sir Daniel) Cooper. In 1857 the south wing was commenced and completed in the following year, and was designed to accommodate 73 patients on two floors. In 1860 the old unsightly stone wall on the Macquarie-street frontage, which had been designed to prevent convicts escaping, and possessed only two small doors of entrance, was in greater part removed, and replaced by a dwarf wall and iron railing. In 1862 a new dispensary was built, whose design is well explained

by reference to the plan of 1872. In 1867 the Nightingale Wing was commenced for the accommodation of the nursing staff which was introduced into the Hospital. The plans of this building had been submitted to Miss Florence Nightingale, the heroine of the Crimean War, and it was called after her; it was completed in 1868, and contained 38 rooms besides bathrooms and lavatories. In the same year the old inspector's office, in the northern corner of the Macquarie-street frontage, was demolished and quarters were erected there for the use of the resident surgeons.





THE ORIGINAL NIGHTINGALE WING. COMPLETED, 1869.



CHAPTER IX.

THE INTERNAL ECONOMY OF THE INFIRMARY, 1848-1868.

MEDICAL STAFF AND THEIR DUTIES—OUT-PATIENT
DEPARTMENT—NURSING—CONDITION OF THE
WARDS — HOUSEKEEPING — STUDENTS — CLASSI-
FICATION OF WARDS — DRUGS — TREATMENT —
DISEASE.

THE medical duties of the Infirmary were at first conducted by an honorary staff of two physicians and two surgeons elected by the subscribers, holding office for four years, and one physician and one surgeon retired in turn every second year, but was eligible for re-election by the subscribers. In 1855 this staff was increased by a third physician and third surgeon, and a further increase in numbers was repeated in 1862, making four physicians and four surgeons in all, at which number it has remained to the present day. In 1866, the Hon. John Macfarlane, M.D., M.L.C., and Charles Nathan, F.R.C.S., were appointed the first hon. consulting physician and hon. consulting surgeon respectively for life, in recognition of their

continuous services since the first commencement of the institution in 1845. The honorary staff had the medical care of the patients, discharged them when cured and visited the wards daily. One physician and one surgeon attended daily to admit patients, each member of the staff taking this duty for a week in turn with his colleagues. On the medical side of the house the patients were divided equally among the physicians, and one physician admitted for another when his beds were full; but on the surgical side the custom arose that all patients admitted in one week belonged to the surgeon of that week. The last practice gave rise to much abuse when the surgical staff was increased, for a surgeon was tempted to keep a patient in the Hospital, who could otherwise be discharged, until his week came round, in order that a vacant bed might then be filled with a new patient for himself. Another evil of this whole system of admission was that a patient's application was granted to please the subscriber signing the order if the latter were a friend of the doctor; but this abuse was abolished by the appointment of a superintendent, who received and retained the admission order, and if otherwise suitable sent the patient to the admitting doctor. The surgeons performed all the operations, but owing to the size of the operating room, and the presence of students, visitors, and staff, the surgeon was often much hampered, and the custom arose of operating on Sunday, when the attendance of visitors and students was not so great, although it was more inconvenient to the Hospital attendants.

Subordinate to the honorary staff was a resident surgeon, appointed by the board of directors at a

salary of £200 a year, quarters and rations, which was increased in 1855 to £300 a year. This office was held by Mr. Hugh Houston until his death in 1866, and in the next year two resident medical officers—a house physician and house surgeon—were appointed at a salary of £250 a year each, rations and quarters. This change had been necessary for some time previous, as the duties devolving on the house surgeon had become too great for their efficient performance by one man. The attention of the weekly committee had been drawn to this necessity in 1863, by Dr. R. Bowman, an honorary physician, but no action was taken until Houston's death. Dr. Bowman at the same time recommended the appointment of a pathologist. This excellent suggestion was not adopted, although it was much needed; for, amongst other reasons, as early as 1849 at the request of the Government a morgue had been established in connection with the Hospital for the reception of the bodies of persons found dead and brought in under police authority, and it was then arranged that one of the physicians or surgeons of the Infirmary perform the post-mortem examinations when required.

The quarters assigned to the two resident medical officers were two bedrooms and a dining-room. This last room was also used by the superintendent. Such arrangement was most unsatisfactory, as the doctors had no personal privacy.

The out-patient department and the district visiting were administered by a paid staff, each member receiving at first an honorarium of £25, increased in 1855 to £50 per annum. Originally there were four doctors appointed, but in 1862, owing to the

growth in size of the city of Sydney, the staff was increased to six, and two new city districts were formed for sick visiting, one in Paddington Ward, and the second in Glebe and Redfern Wards.

The nursing was entrusted to the care of a matron and staff of nurses and wardsmen, but throughout this period it was unsatisfactory. In September, 1857, the medical officers wrote to the weekly committee complaining of the disabilities of this staff, and in December, 1864, submitted a report stating that "the inefficiency of the sick attendants had for many years occupied their serious attention, and had been the greatest obstacle against which they had to contend." In spite of such adverse criticism, it was not the committee, as will be seen later, who initiated the vital improvements of 1868, when the system of nursing was entirely reorganised.

The nurses, at first three in number, but subsequently increased to five, attended the female wards only, and had little or no training, but whatever efficiency they possessed was picked up in the wards of the Infirmary. They were chiefly elderly women, and vacancies were often filled by promotions from among the domestic servants of the house.

The wardsmen were usually appointed from amongst discharged or convalescent patients who had shown some aptitude for the duties whilst in the Hospital. Many suffered from physical infirmities, and others were uneducated, being unable to read or write. This staff thus had many limitations; but although somewhat inefficient, they won much praise for their humanity and gentleness

to the patients submitted to their care. The number of wardsmen increased proportionately with the growth of the Infirmary, and in 1867 numbered twelve, three of whom were night wardsmen. The principal increase in the staff was in 1858, when the south wing was opened, and at that time two extra night wardsmen were appointed. In addition to the regular number, special attendants were engaged temporarily to take charge of special cases. The wardsmen were paid on an average £40 per annum each.

The duties of the day staff began at 6 in the morning and finished at 9 in the evening. They personally attended to the cleansing of the wards before 7 a.m., and served all the breakfasts before 8 a.m. After 9 p.m. the patients were placed in the care of one night nurse and night wardsmen, who administered the medicines, and called the house surgeon whenever it was necessary. The whole staff were in the charge of the house surgeon and matron, until the appointment of the superintendent in 1867, when the wardsmen were placed under his care. The matron also had charge of the housekeeping, but owing to want of sustained support by the committee her authority was feeble. She at first received a salary of £80, which was increased to £100 per annum in 1855.

The cleanliness of the Hospital was not properly supervised for many years. The main wards had an outward appearance of order, but the minor apartments were a disgrace to the most superficial observer. The whole buildings were permeated with vermin, which formed nests in the crevices of the walls, and at right time were said to come out

in armies. Efforts were made to check them, but were ineffectual. So bad were they that when a fractured leg was placed in splints for a couple of weeks, on removal the splints were full of bugs and other vermin, and sometimes when a patient was dying, these creatures were seen crawling over him. The beds were also full of these insects, and the evil could not be checked owing to the insufficient time allowed to cleanse the bed after removal of a patient. In fact, so great was the demand for beds, that on a certain occasion a patient was sitting in a ward waiting to occupy a bed before the dead body of the previous occupant was removed. The verminous condition of the Hospital was increased by the storing of the patients' clothes after admission, and in 1865 a stoving house was erected for purifying the clothes before putting them away. The floors were thoroughly scrubbed, but in the lower wards the water fell underneath through the crevices, and as the foundations were not ventilated the water collected there and rose as a miasma in the wards in the morning. The ventilation of the wards themselves had always been bad, as too much space had been left between the tops of the windows and the ceilings, without vent. All these details militated against the good results of treatment, and outbreaks of erysipelas and hospital gangrene were common occurrences, and compound fractures and amputation stumps almost invariably progressed unfavourably. The only active efforts to improve these conditions were frequent white-washings of the wards. The sanitary arrangements were also of the crudest description. At first there were no closets in the Hospital building,

and a chair was provided in each ward for the use of all its inmates, and it was not until 1867 that provision was made for each ward to have separate bathrooms and conveniences.

The outbuildings were allowed to fall into a disgraceful condition. No one was made solely responsible for their care, and in consequence they were neglected. Pools of water and sewage were allowed to collect in the yards, and no effort was made to put the grounds in order. The dead-house was little better than a stable, and bodies placed in it were often attacked by rats, and had the nose, cheeks, and other parts eaten away by them before burial.

The housekeeping department suffered like the other branches of the Hospital from lack of systematic supervision. The kitchens were totally inadequate, and the cooking was bad, and owing to the distance the meals had to be carried, they were invariably served cold, causing the patients often to leave them untouched. A fever patient in convalescence, looking forward to his first chop, often received a cold, blackened cinder, or a cold, raw piece of meat. Provisions were supplied by tender, but no care was taken to see that the conditions were fulfilled. For instance, bread was supplied under one contract at $\frac{3}{4}$ d. a pound below market price, but the market price itself was never ascertained by the Hospital authorities. Some improvements in this department were made in 1866 by the appointment of a sub-committee for provisions, and in 1867 the introduction of proper supervision and proper book-keeping under a superintendent was the turning point of a new era

The admission of students to the practice of the Infirmary commenced at an early date. The late Dr. Fk. Milford was a student from 1849 to 1852, Dr. J. C. Cox from 1850 to 1852, and about the same time Messrs. Lumsden, Phelps, Grills, and R. Sadleir, were enrolled. The establishment of a medical school had long been an ideal of the old Dispensary committee, and as early as 1838 the subject had been mooted, especially as in the Bowman era the admission of students to the convict hospitals had been prohibited, and there had been no opportunity for medical apprentices to gain hospital experience. However, the official recognition of students was not an accomplished fact until the date of the annual meeting held on 14th January, 1851. At this meeting the directors moved an epoch-making resolution to the effect that every physician or surgeon of the Infirmary "shall be required to admit to his hospital practice all pupils who shall have been previously enrolled by the weekly committee as hospital medical and surgical pupils," and that the said pupils "shall pay such fees as may be determined, and be subject to such regulations as may be made by the directors." At the same time, the custom was first initiated that for the information of students notices of all operations and post-mortem examinations should be affixed in a conspicuous place in the lobby of the Hospital, and that similar notices should be sent to the district surgeons. Post-graduate study was also originated by granting the privilege of attendance on similar occasions to all medical practitioners who subscribed two guineas annually to the Infirmary funds.

Rules controlling the admission of pupils were considered, but were not passed until 25th January, 1853. By these regulations admission was restricted to the articulated apprentices and pupils of medical practitioners in the Colony. They were required to pay to the funds of the institution four guineas for the first year, three guineas for the second, and two guineas for the third year, after which they had free admission. They had the privilege of attending all operations and post-mortem examinations, and the ward practice nominally only when one or other of the medical staff was present ; but this last by-law appears to have been honoured in the breach. The case books were opened for inspection one hour previous to the medical officer's visit, and certain students were appointed clinical clerks and dressers.

The students attended the Hospital from 9 o'clock in the morning until 4 in the afternoon, engaged in their various duties, and assisting in the dispensary. Dispensing was taught by the resident surgeon, who personally received the fee of three guineas which was charged for such tuition. In 1852 Dr. Milford was the pioneer of this school to proceed to England to continue his medical studies, and carried with him the first official certificate signed by the President and members of the Hospital Board to be presented to the College of Surgeons or other examining board in England, who at that time recognised the certificate of study from the directors of any public infirmary containing more than one hundred beds.

The road to the acquisition of medical knowledge, however, was not an easy one in those days. A

knowledge of anatomy was only gained by dissecting bodies in the dead-house, and as the method of injecting was poor and often not attempted at all, the dissections on each body could obviously only be carried on for a brief period ; still Houston, the resident surgeon, gave the students instruction and all the assistance he could. No bones for study could be procured in the Colony, but the students overcame the difficulty by various expedients. On one occasion two students removed two bodies from the dead-house, carried them across the Domain, and then by a boat down the harbour, where they macerated them, and obtained the skeletons.

In 1851 the Sydney University was established, and the senate became desirous of establishing a medical curriculum. Accordingly, on 7th September, 1859, the registrar wrote to the authorities of the Infirmary soliciting their co-operation in such a project. The proposal was favourably received, and a conference of members of the senate and directors of the Infirmary was arranged, which, after much deliberation, drew up a report. This report was presented to the senate and board of directors, and adopted by both bodies in June, 1860. The conference recommended that a medical course should be established, the medical officers of the Infirmary being required to deliver clinical lectures and instruction, and that application should be made for recognition by English Universities and Colleges.

The proposal was not prosecuted with vigour, and after a time lapsed. Then, in 1866, negotiations were opened afresh between the University and Infirmary authorities, and finally, in 1869, the

secretaries of the Infirmary wrote to the Councils of the Royal Colleges of Surgeons and of Physicians, and the Society of Apothecaries, London, asking them to recognise a definite course of medical training proposed and the certificates granted.

The proposed course was to consist of two years training in Sydney, and two years in London, and before commencing it all students were to be required to pass the matriculation examination of the Sydney University. The lectures and study were to consist of :—

FIRST SESSION—WINTER.

Six months lectures in anatomy at the University.

„ study at dissections „ „

„ lectures in chemistry „ „

Three months practical chemistry „ „

„ „ pharmacy at the Infirmary.

„ attendance clinical surgery at the Infirmary.

SECOND SESSION—SUMMER.

Six months attendance clinical surgery at the Infirmary.

Three months attendance clinical medicine at the Infirmary.

Three months lectures in botany at the Botanical Gardens.

THIRD SESSION—WINTER.

Six months lectures in anatomy at the University.

„ dissections and demonstrations at the University.

Three months attendance clinical surgery at the Infirmary.

„ attendance clinical medicine „ „

FOURTH SESSION—SUMMER.

Six months attendance clinical surgery at the Infirmary.

Three months attendance clinical medicine „ „

„ lectures in midwifery „ „

Attendance on midwifery cases at the Benevolent Asylum.

Instruction in vaccination „ „

Completion of Course in London.

FIRST SESSION—WINTER.

Six months lectures each in physiology, surgery, materia medica, practice of medicine and clinical surgery.

SECOND SESSION—SUMMER.

Three months lectures in forensic medicine.

„ attendance clinical surgery.

„ attendance clinical medicine.

THIRD SESSION—WINTER.

Six months lectures each on surgery, medicine, diseases of women, pathological anatomy, and clinical medicine.

FOURTH SESSION—SUMMER.

Six months charge of patients.

General study.

This is the first finite proposal for a school of medicine in Sydney, but further consideration of it belongs to another period.

Attention was early given both by directors and medical staff to the arrangement and classification of the patients in the wards, but owing to inherent difficulties this desirable object was delayed for many years. In the early years the only classification was one of sex, the female patients occupying the two upper northern wards; and here also were admitted children under seven years of age. Attempts were made to separate the medical from the surgical cases, but this subdivision broke down owing to the constant overcrowding that was frequent in the Hospital; for example, in 1855 as many as 150 were inmates at one time, and many patients were accommodated on the floor, as the Hospital was then only intended for 130 invalids. In 1855 the first special ward was created by the

establishment of the accident ward, but it contained only four beds. At an early date exception was taken to the admission of Chinese, aboriginals, and South Sea Islanders into the wards with patients of white race, but this could not be avoided. As illustrative of the lack of supervision in the wards, it may be here mentioned that on one occasion when a Solomon Islander died in the hospital, his fellow islanders commenced to roast his body on a heap of blankets in the ward itself. In 1859 the occupation of the new south wing provided much additional accommodation. A third ward was devoted to the treatment of females, and the increased facilities permitted the commencement of a definite classification of the patients into medical and surgical cases. At the same time a male lock ward was established. No further classifications were introduced in this period, except that towards its close infectious cases were segregated in tents erected, as occasion demanded, in the Hospital grounds.

Drugs and surgical sundries were imported by the Hospital from England, at first from the Apothecaries Company, London, and later from Collier Bros. With these supplies, as with other hospital stores, efficient supervision was absent. No special inventory was kept, and in consequence the Infirmary suffered considerable loss. Medicines for both in-patients and out-patients were dispensed by the house surgeon for the first two years, but in 1850 a dispenser was appointed, and subsequently an assistant dispenser.

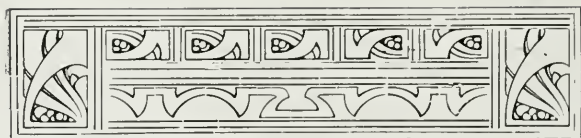
Treatment in this period underwent some notable changes. The stethoscope had been introduced

into the Colony in the 'forties,' but had not met with general favour, and in the 'fifties' direct auscultation with a towel over the patient's chest or back was the routine practice. But as treatment gradually fell into the hands of a second generation of doctors who had been educated to the use of the new instrument, the stethoscope became generally adopted. This was in the middle 'sixties.' Surgical practice was confined chiefly to the ligature of arteries, perineal lithotomy, amputations, and the minor surgical operations. The radical cure of hernia, and the relief of strangulated hernia, were attempted sometimes with excellent results, but major abdominal surgery, as a rule, was spoken of with bated breath. Excision of joints was also performed. In the pre-anæsthetic days, all patients were firmly strapped to a special table, and were unable to make any movement. In the year 1852 the first administration of chloroform was made by Dr. H. G. Alleyne. Although not a member of the staff in this year, he successfully administered it to a girl during an operation for amputation of the left leg for strumous disease. The introduction of this priceless boon to the patient and the surgeon was rapidly followed by its general use, and before the close of the 'fifties' most operations were performed with its aid, and operations undreamt of before were attempted. Dislocations in the first decade were reduced by means of pulleys and levers. In the upper southern lobby, special apparatus was kept in the form of a strong table and posts let into the wall, and rings in the ceiling to which pulleys were attached, and by these means extensions and counter-extensions were applied to

dislocated limbs for hours, and sometimes for days. As the harm that was thereby caused to the patient was realised, the treatment gradually fell into disuse. Attempts were also made to cure aneurisms by the application of constant pressure, but the patient usually would not submit to the full treatment owing to the pain that was caused thereby.

All classes of disease were admitted, the most common medical diagnoses being rheumatism and "fever," and the most frequent surgical, fractures and syphilis. Infectious diseases were also admitted, such as scarlet fever and erysipelas. Cases of insanity frequently occurred, and were accommodated in an iron out-building. There is nothing remarkable in the statistics of diseases admitted, except constantly recurring cases diagnosed as lepra, the first being in 1848. This period closed with the introduction, in 1867, of systematic nomenclature and classification in the statistics of disease arranged according to Dr. Farr's nosological index.





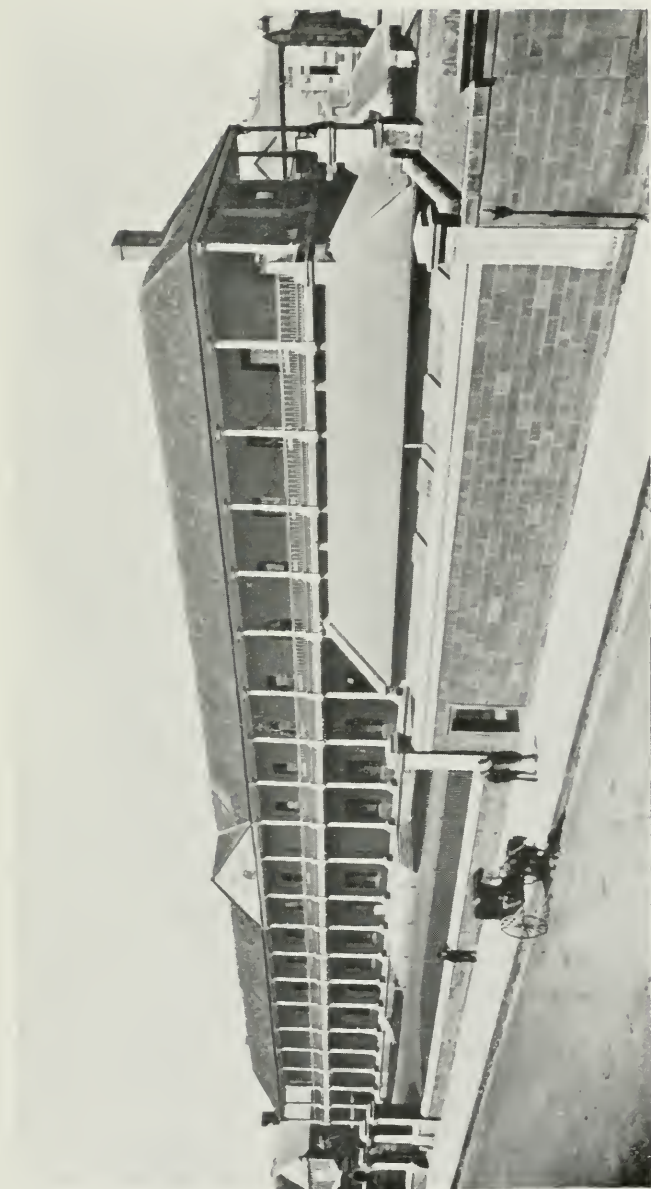
CHAPTER X.

ADMINISTRATION, 1869-1880.

PUBLIC CHARITIES COMMISSION—ALTERED CONSTITUTION OF BOARD OF DIRECTORS—ATTEMPTED ASSASSINATION OF DUKE OF EDINBURGH—GRANT OF THE LAND—ACT OF INCORPORATION—FINANCES — BUILDINGS — MEDICAL STAFF — REGENT-STREET DISPENSARY — OPHTHALMIC DEPARTMENT — MEDICAL SCHOOL — LOCK HOSPITAL — COAST HOSPITAL.



HIS period, 1868-1880, may well be described as the stormy era in the history of the Sydney Infirmary ; the limelight of public opinion was frequently cast on the entire organisation, adverse criticism of the methods employed was constantly prevalent and in most cases justly called for, and general dissatisfaction prevailed with regard to the condition of the Hospital. However, it is an ill wind that blows no good, and the net result was that these twelve years witnessed almost the entire demolition or alteration of the old Infirmary, its buildings, its organisation, and its method of procedure, and the commencing evolution and establishment of the present Sydney Hospital.



SYDNEY INFIRMARY. 1870.

Undoubtedly the most important event of this time was the appointment on the 8th April, 1873, of a Royal Commission to "inquire into and report upon the working and management of the public charities, more particularly the Sydney Infirmary and Orphan Schools." This was the result, in part, of public criticism that had appeared in the press or been ventilated in Parliament with regard to the general management of the public charities, especially the Infirmary, and, in part, of the agitation of the directors for funds with which to erect a new building and the debatable questions raised thereby. The commission consisted of seven members, W. C. Windeyer being appointed president, and they sat for twenty-four days chiefly in the Hospital board-room taking evidence with regard to the Infirmary alone. Inquiries were made into the method of administration, sanitary condition, dietary scales, accommodation, systems of superintendence, medical treatment, and all other matters of a cognate nature, and were of a most minute character. As a result of their labours a report was drawn up on 10th September by the members of the commission and presented to Parliament, which in a general way was condemnatory of everything connected with the Hospital except the main principles of the new nursing system then recently introduced. The report had a most salutary effect on the affairs of the institution, the immediate result was the initiation of many internal reforms, for the attention of the directors was thoroughly aroused to abuses in need of urgent remedy; and the final and lasting effects, although

not immediately consequent on it, were the demolition of the old buildings and the introduction of an Act of Incorporation in 1878.

The first changes in the administration were made by the passing of new by-laws in March, 1869. The board of directors was then reduced in number, and consisted of the president, vice-presidents, hon. treasurer, two hon. secretaries, and twenty-one directors, one-third of whom retired annually. At the same time the appointment of directors who held their positions by virtue of being members of Parliament or of holding certain public offices was abolished. Notwithstanding this curtailment in the size of the board, the dissensions, wranglings, and waste of time which had been current in previous years, and had become characteristic of the meetings, increased rather than diminished, and continued until public disapprobation and criticism was thrown on such proceedings by the publication of the report of the Charities Commission in 1874. The pillory of public opinion at that time caused the directors to take an introspective survey of their own methods, and some improvement became apparent; but the board did not become a satisfactory working entity until after the passing of the Sydney Hospital Act in 1881, when vital reforms became compulsory by Act of Parliament.

The management of the Hospital was entrusted to the house committee as in previous years, and no business could be authorised without reference to this committee, except by the honorary secretaries; the offices of the latter, however, lapsed in 1874. A finance and a building and repair com-

mittee, each consisting of five, were also appointed by the directors for the special purposes indicated. The satisfactory working of these different committees was still much interfered with by individual directors.

The administration was assisted by the appointment in 1867 of a superintendent at a salary of £300 per annum, who in 1869 had his official designation altered to that of manager. His duties were the general control and superintendence of the institution with the exception of the department placed under the lady superintendent, and the control over all male servants, the outdoor department, and all stores. This new officer would have been of material benefit to the Hospital if friction had not arisen over a certain amount of divided authority between the lady superintendent and himself, which is discussed fully later. In 1875 the office of manager was abolished. Difficulties had arisen in obtaining amongst the members of the board of directors gentlemen with sufficient time at their disposal to efficiently fulfil the duties of honorary secretaries; accordingly a paid secretary was appointed, and the duties of manager were combined with those formerly performed by the honorary secretaries, and were fulfilled by this new officer. He was required to attend all meetings of the board, house and other committees, take minutes of all their proceedings, and carry into effect all their orders.

In March, 1868, a man named O'Farrell attempted to assassinate the Duke of Edinburgh at a picnic given at Clontarf, and the Duke was wounded, but fortunately without serious result.

A storm of public indignation was roused, and partly as a demonstration of loyalty and partly as a thank offering a public fund was created, which, in deference to the wishes of the Prince, was to be devoted to the erection of a hospital. At a public meeting held on 20th March, a resolution was carried to build a Prince Alfred Memorial Hospital on the site of the Infirmary, and in June the board of directors formally expressed their willingness to co-operate with the committee of the fund in attaining the desired object for which a sum of £23,400 had then been promised. The necessity for obtaining a formal grant from the Crown of the Infirmary land was then raised. Although the Hospital had then been in occupation of the land and buildings for twenty years, the issue of a Crown grant had never been completed. As has been stated in a previous chapter, the premises were transferred to the directors with a promise of a grant under certain conditions, subject to the approval of the English Government, who in 1848 held the fee-simple of all Crown lands, as New South Wales was then a Crown Colony. No notice of the non-confirmation of this arrangement by the English authorities was ever given, but by the Constitution Act and by the Act of the Imperial Parliament, 18 and 19 Vict., chap. 55, the power to fulfil promises made by the Crown in 1848 had become vested in 1855 in the Colonial Government. The amount of recognition that the directors of the Infirmary appear to have received as the owners of the land seems to have varied during the twenty years previous to 1868; in 1865, when the Royal Mint was established, they were undoubtedly

admitted as such in certain negotiations with regard to the southern boundary between the Hospital and the Mint, but their absolute control was called in question in 1864, when it was queried whether the Infirmary had the power to erect the buildings and make the alterations it had done.

In 1868 the directors accordingly applied to the Government for the immediate issue of a grant, when it became evident that the committee of the Prince Alfred Hospital Fund were diffident about expending their money on buildings to be erected on land which had not been formally dedicated and granted to trustees. After a considerable correspondence, the request for a grant was definitely refused in October, 1868, by Sir James Martin, at that time Premier and Attorney-General. He declined for the reasons that the Infirmary, although in its inception and management a private, was in substance a public institution, being largely supported by the Crown; that the promises of previous Governments need not be fulfilled as they were made "improvidently and without consideration," and that the Government had no tangible guarantee that the Infirmary would be maintained and continue the treatment of paupers admitted on a Government order, which was one of the original conditions controlling the transfer of the premises in 1848.

The directors, when a new Government came into power, commenced further negotiations as they felt acutely the difficulties of their position with regard to the Prince Alfred Hospital Fund, and were even doubtful about incurring further expense in making any repairs. The continued

agitation resulted in the appointment of a select committee of the Assembly to inquire into the question, and a report was presented to Parliament in April, 1870, recommending that a grant of the land and buildings should be made to trustees on behalf of the institution, with the proviso that no part of the main buildings should be removed without the special sanction of both Houses of Parliament, as they considered the buildings would probably last fifty years. This report was adopted and confirmed by Parliament. In consequence, the directors had no option but to finally decline, in July, 1870, the acceptance of the funds placed at their disposal by the Prince Alfred Memorial Hospital Committee.

Notwithstanding the decision of Parliament, the issue of the grant was still delayed, and the directors in September, 1872, requested the Minister for Lands to order its immediate completion prior to commencing extensive repairs which they had then in contemplation. This was not fulfilled, and in the following April, at the instance of the members of the Public Charities Commission, the issue of the grant appears to have been stayed pending their report.

Meanwhile the whole question of the advisability of continuing the maintenance of a hospital on the Macquarie-street site was brought forward. Many and diverse opinions on this subject were publicly discussed during the next few years; some considered that the site was unrivalled for the treatment of the sick and that the Hospital should be maintained at all costs, others that the land was too valuable for the purposes of an infirmary, and

others again that it should be only retained to provide a small hospital for the admission of accident and emergency cases from the city and wharves. At various times it was proposed to transfer the Hospital to the site of the Military Barracks at Paddington, to Flagstaff Hill, and to the heights of Pymont, and even to abandon it altogether in view of the erection of the Prince Alfred Hospital which had then been decided. The advocates in favour of the retention of the site succeeded in winning the day after much discussion, and the Government tacitly supported this opinion by granting funds in 1875 for the erection of a temporary wooden structure preparatory to the erection of permanent modern buildings. Finally, in the beginning of 1878, the title to the land was formally vested in the trustees for the purposes of a hospital, and the grant issued, whilst at the same time the formal permission of both Houses of Parliament was obtained for the removal of the old main building. The area of the land then granted was 2 acres 3 roods 19 perches, as the original dimensions had been lessened by alterations on the southern boundary and Macquarie-street frontage when new walls were erected in 1855 and 1860 respectively.

In 1878 a most important step was taken by the board of directors in framing an Act of Incorporation for the government of the Hospital, in accordance with arrangements made with the Crown prior to the issue of the land grant. The draft bill was adopted by a meeting of the subscribers and was passed by the Legislative Assembly with some amendments ; in the Legislative Council it

encountered considerable opposition, and amendments were proposed by which the character of the board was completely altered and the powers of the directors were limited as to the number of beds to be contained in the new Hospital. The directors thereupon withdrew the bill, as they considered that the usefulness of the institution would be destroyed by these proposals. A second draft Act was prepared in 1880, and this was finally passed by both Houses of Parliament in 1881 and will be considered further. This Bill altered the entire constitution of the Hospital board.

During these twelve years the finances of the Hospital were in a sound position; the public subscriptions were large, and the Government subsidised these to the extent of pound for pound, with the exception of the year 1880 when the subsidy paid for the year 1879 was £3,500, or £103 14s. 1d. less than such a grant. The Crown also made an annual payment for the support of the nurse training staff. Further special votes of Parliament were received from time to time covering the expense of new buildings and alterations including the entire cost of the Nightingale Wing, and, therefore, very small portions of permanent or semi-permanent improvements were defrayed from current income. The return from investments increased from £414 12s. 9d. to £1,684 7s. 1d. during these years.

The various funds of the institution progressively developed; in 1880 the Samaritan Fund had reached the total of £1,501 3s. 9d., and the Benefactors' Permanent Trust Fund £3,343 os. 4d., the last being due chiefly to the bequest of £1,000 by

Wm. Manson in 1869. A new fund was created in 1868 by the commencement of what was known as the Temporary Investment Account ; this began with the sum of £1,000 and at the end of 1878 had increased to £9,000 by the allocation of certain votes to its credit. In the last-mentioned year the old Permanent Endowment Fund had reached a total of £9,023 5s. 4d., and in the following year, 1879, these two funds, the Temporary Investment and Permanent Endowment, were amalgamated, and, with the addition of a special vote of £12,500 for building purposes by Parliament, a building fund was established, amounting at the close of the financial year to £31,426 14s. 7d. The first expenditure of this fund to the extent of £6,374 3s. 9d. was made for payments on account of the first three contracts let for the permanent structure in 1880.

Although this period commenced at the end of 1868 with an overdraft of £2,272 7s. 2d. at the bankers of the institution, it was soon liquidated, and the overdraft habit was very little in evidence during these years and was only used for small temporary accommodation pending a Government payment. This successful financial result was due not only to increased income, but also to better supervision, as, for example, the provisions account only increased from £3,120 15s. 9d. in 1869 to £3,368 8s. 10d. in 1880, notwithstanding the large addition in the number provided for.

The cost of up-keep during these years averaged nearly £45 per bed. Very few patients contributed towards their cost of treatment, and such as did paid 2 guineas a week ; merchant seamen were charged

at the rate of 4s. per diem, and the Crown paid 2s. 3d. per diem for paupers admitted on a Government order.

The buildings in use underwent considerable changes. The necessity for alterations was early considered, but opinions were much divided as to the value of the existing buildings. When the Parliamentary sub-committee of 1870 reported that they would last for fifty years, and recommended their retention, plans for alterations and improvements were drawn by the architect of the Hospital, but were not carried out owing to lack of funds. However, in 1873 the Charities Commission condemned the buildings, and considered it inadvisable to keep them longer than absolutely necessary. The sanitary condition of the wards had become worse and worse, and a popular feeling developed that it was dangerous to become a patient, owing to the frequent outbreaks of pyæmia and erysipelas; then, early in 1875, the honorary medical staff urged that the most trifling operation could not be performed with safety to life owing to the diseased state of the buildings, and that nothing short of the erection of an entirely new structure would remove the evil. In 1875 the Government was accordingly asked to grant the money required for building a new hospital, and a temporary wooden structure to provide for the needs of the city, pending the completion of the permanent building; the estimated expenses of these were £50,000, of which the directors proposed to contribute £10,000 from the funds of the institution. This entire proposal was not sanctioned, but money was granted to cover the cost of the erection of two wooden pavilions and an

operating theatre, and these were at once commenced. These temporary pavilions were occupied at the end of 1876, and provided accommodation for 116 patients, or forty less than the main building which they superseded, and which was then left untenanted. In 1878 two additional small detached pavilions were also erected. In the same year the permission of both Houses of Parliament was obtained for the demolition of the front building, and this was completed in 1879. Meanwhile competitive plans and designs for a new hospital had been called for by the directors, and premiums of £200, £100, and £50 respectively offered for the first, second, and third approved of. The first premium was awarded to Mr. Thomas Rowe, and his plans, somewhat reduced, form the basis of design of the present buildings. Mr. Rowe was then appointed architect for the new Hospital. These plans were modified a little, in order to meet the opinions and desires of the medical staff, and in their entirety exhibit marked foresight and ability. The buildings were intended to present a perfect appearance, whether viewed from the Domain or Macquarie-street; but this object has not been fulfilled in the first instance. As designed, the three Macquarie-street blocks of the building were to possess an additional story to what has been erected, and the third stories in each wing were intended to contain twelve small wards and nurses' rooms. The pathology department was included in the plans, and consisted of two stories—the lower to be devoted to an inquest room, a mortuary, and a room for post-mortem examinations; whilst the upper floor was designed for a pathology museum.

In 1880 the buildings were well commenced ; the first three contracts let were for the basement story, laundry, and kitchen, the funds being provided out of the Permanent Building Fund created in 1879.

The constitution of the medical staff underwent some slight changes. Owing to the continued increase in the size of Sydney, in 1870 a seventh district for sick visiting was rendered necessary, and a seventh district surgeon was appointed to take charge of it. In 1879 the resident medical staff was also increased by the addition of a third officer : this appointment was rendered necessary by the frequent absences of these officers from their Hospital duties, when they were summoned to give evidence at police cases, coroners' inquests, and courts of law. The Hospital had suffered much from this cause, and the third officer was appointed to modify the evil.

Two important departures from previous routine were made in this period. The attendance at the out-patient department had progressively increased, and to relieve the congestion at the Hospital, and for the convenience of patients, who in many cases had to travel long distances from the western suburbs, a branch dispensary was opened in 1871 at Regent-street. This was carried on in rented premises, and was the first time that any of the Infirmary administration was removed from the Infirmary buildings.

The second innovation was the inauguration of the first special department with special medical officers in charge. An ophthalmic ward had been in existence and lapsed in the early seventies, and had been established for convenience of classification of

the patients ; but in 1878 a new ophthalmic ward was created to form the nucleus of a special ophthalmic department, and the eye cases then scattered through the building were collected in it. In the following year an ophthalmic out-patient department was also established, and the first officers appointed were T. Cecil Morgan, L.R.C.S., and Thomas Evans, M.R.C.S. This was opened twice a week, and immediately demonstrated its usefulness, for in the first months of its existence—that is, from 7th July to 31st December, 1879, the attendance was 169. Its reputation rapidly spread, and in the following year patients from the country, and even from neighbouring Colonies, travelled to Sydney for treatment.

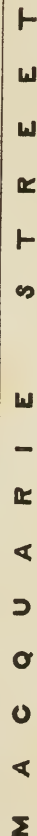
The negotiations in reference to the establishment of a medical school were continued with the English examining bodies, and met with some preliminary success, and in 1871 Sir Alfred Roberts was commissioned to carry on the arrangements in London. At this point the project disappeared from the active politics of the Hospital ; as matters of greater moment engrossed the attention of the directors, the enthusiasm waned, and when the erection of Prince Alfred Hospital was decided to be adjacent to the University, the proposal finally lapsed.

The authorities and affairs of the Hospital had considerable influence on some external events of the day. The demand of patients for admission was always large, and more than the Hospital could comply with ; as an example of this, in 1872 as many as 525 applicants were refused. In order in part to remedy this state of affairs, and in part to

remove an objectionable class of patients from the Infirmary, the Hospital authorities in 1879 urged the Colonial Secretary to establish a separate lock hospital, especially as venereal disease was then on the increase in the city of Sydney. Sir Henry Parkes, at that time in office, promised his full support to the proposal, considering it necessary to mitigate the evil of the prevalence of syphilis, and recommended the directors to select suitable premises in or near Sydney for the purpose. The difficulties in obtaining a suitable building caused the proposal to lapse for a time in the following year.

Another feature of the Infirmary's influence was felt in the initiation of the hospital at Little Bay. In 1880 a severe epidemic of measles occurred, and a large number of cases applied for admission to the Infirmary, but were refused, as the rules then expressly barred the admission of infectious diseases. The refusal to admit such cases necessarily forced the applicants under the immediate notice of the Government, and the necessity for erecting a hospital for fever and infectious cases was apparent. The directors and the honorary medical staff were asked for suggestions as to the best means for meeting this urgent want, and the net result, coupled with an expected outbreak of small-pox, was the establishment of the present Coast Hospital.

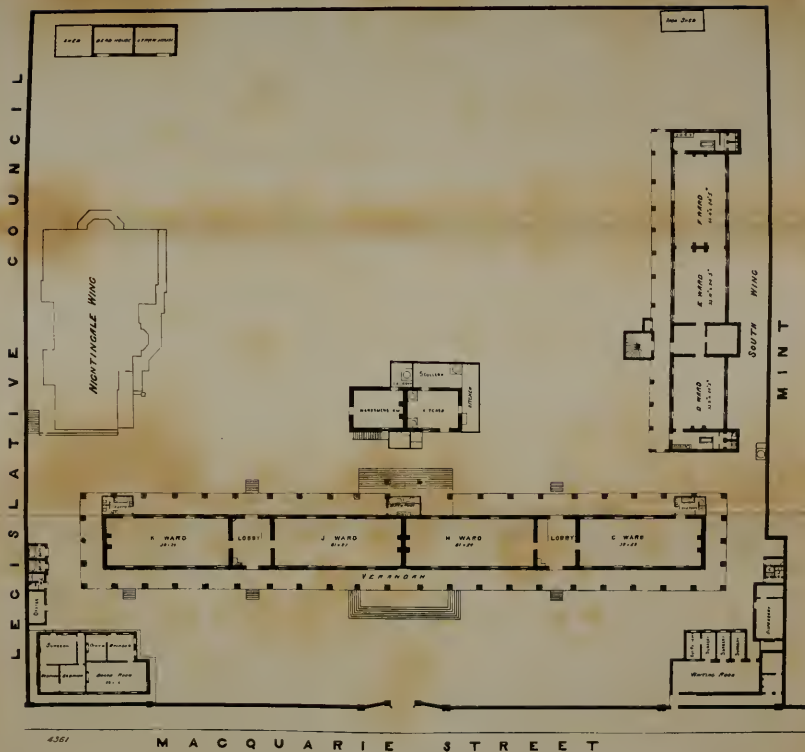
SYDNEY LINEBURY



A vertical scale of feet, ranging from 0 to 12. The scale is marked with numbers 0, 2, 4, 6, 8, 10, and 12. There are also smaller markings between the main numbers, likely representing inches or half-feet.

PHOTO-LITHOGRAPHED BY W A GULLICK. GOVERNMENT PRINTER, SYDNEY, N.S.W.

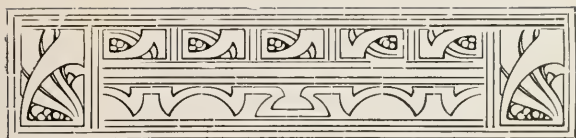
THE
SYDNEY INFIRMARY
1872



4361

MACQUARIE STREET

SCALE OF FEET
0 10 20 30 40 50 60 70 80 90 100
PHOTO LITHOGRAPHED BY W. A. DILLIPS GOVERNMENT PRINTER SYDNEY N.S.W.



CHAPTER XI.

INTERNAL ECONOMY, 1869-1880.

INTRODUCTION, ESTABLISHMENT, AND ORGANISATION OF TRAINED NURSES—ARRANGEMENT OF WARDS—CONDITION OF WARDS—NEW DIET—TECHNICAL ADVANCES.

JUST as the officials of the Dispensary, as early as the 'thirties,' had set up as an ideal the establishment of a medical school for the training of the Australian youth, the staff of the Infirmary and the public generally in the 'sixties' began to realise the necessity of improving the nursing staff, and at the same time the idea crystallised that a school for the training of nurses for the hospitals in the Colony should be established, and that the Infirmary was the most suitable place for its location. This idea took definite shape and form with the arrival of a new generation of doctors in the Colony, who had been trained under and had full opportunity of realising the vast benefits conferred on the sick by the new régime introduced subsequent to the Crimean War by Miss Florence Nightingale. Nursing had then

been revolutionised almost entirely by Miss Nightingale's influence, the tone of one of woman's noblest professions had been raised, educated women of good birth had been induced to devote their lives to attendance on the sick, and, in place of a nurse, who, though maybe imbued with the most tender feelings, possessed only the training of her own limited experience, an educated woman taught in all the systematic methods of invalid nursing was introduced.

The board of directors individually realised the necessity for the change, but collectively took no steps to bring it about, probably owing to the internal dissensions that prevailed amongst them. The honour of initiating the first active measures in introducing this much desired objective rests wholly with Sir Henry Parkes, who at that time held his first ministerial office as Colonial Secretary in the Martin Ministry of 1866-1868. He was doubtless, however, influenced by the public feeling then prevalent. Unsolicited by the board of directors, early in 1866 he wrote to Miss Florence Nightingale to enlist her sympathy and help in introducing trained nurses and establishing a training school for nurses in the Sydney Infirmary. By the same mail, he instructed Captain W. C. Mayne, at that time Colonial Agent in London, to open negotiations immediately. No time was lost, and, in fact, Captain Mayne approached Miss Nightingale before even Parkes's letter had been delivered. On 24th October, 1866, Miss Nightingale replied to Parkes's letter, cordially approving of the project, and promising her full support, not only for the

sake of advancing the cause of nursing, but also because she considered that she was under a deep debt of gratitude to Australia for the contributions to the Nightingale Fund, raised immediately subsequent to the Crimean War, and the Australian memorial* which had been presented to her at that time. Parkes's first proposal was that a lady superintendent and four trained sisters should be sent to Sydney, but Miss Nightingale criticised this suggestion, and considered the proposed number of sisters too few. In the same letter she made her first recommendations, namely, that the salaries should be £150 per annum for the lady superintendent, and £50 per annum for each of the sisters, with yearly increases. She also considered that the staff should receive board and lodging, have their passages paid to Sydney, and also their return passages to London if they desired so at the expiration of their engagement. Parkes agreed to all Miss Nightingale's suggestions, and carried on all the subsequent negotiations either personally or through Captain Mayne, submitting to her full reports and particulars of the Infirmary. At that time Miss Nightingale was in very precarious health, largely due to the privations and over-exertions she had experienced at Scutari, and much of the preliminary work in England was carried out by Mrs. Wardroper, the superintendent of the Nightingale Home. Some delay in the selection of the staff took place, for the English demand alone for matrons and sisters trained in the Nightingale School could not nearly be fulfilled. However, in May, 1867, Miss Nightingale had

* This Memorial had been written by Parkes

drafted and forwarded the details of the new nursing scheme to the president of the Infirmary, and in August the lady superintendent had been selected ; finally, in December she and five sisters sailed from England.

Miss Lucy Osburn, who had been appointed lady superintendent, and the staff of sisters arrived in Sydney, March, 1868, and immediately commenced their duties in the Infirmary. Miss Osburn was possessed of large experience. She had been connected with the Nightingale Council, the body who controlled the fund with which Miss Nightingale had endowed the school for training nurses. She had held appointments in St. Thomas's and King's College Hospitals, London ; had resided four months in the Kaiserworth Hospital, Dusseldorf, and had visited during her training the Allgemeine Krankenhaus, Vienna, and hospitals in Holland.

The nursing staff was engaged under a definite scheme based on regulations which had been proved satisfactory in England. The lady superintendent was to have the entire responsibility of the nursing, both by nurses and wardsmen, and the internal management of the wards, and to establish and superintend a training school for nurses. Women were to be engaged as probationary nurses and probationary sisters to augment the staff from England, and male nurses were to be abolished, except in the male lock and stricture wards. Miss Osburn was to be responsible to the medical officers that their orders about the treatment of the sick were strictly carried out, and to the governing body of the Hospital for the conduct,

discipline, and duties of her nurses ; for the cleanliness, proper ventilation, and warming of the wards ; for the care and cleanliness of the sick ; for the administration of diets, medicines, and enemas ; for the performance of minor dressings ; and for the care of the linen and bedding. She was to be charged with the delegation of these duties to the various grades of the nursing staff.

Miss Osburn, in the introduction of this new system of nursing, had to contend with many difficulties, and did not secure its rational adoption until about the year 1875. Like all innovations, it upset the preconceived notions and ideas of some members of the committee, of some of the medical staff, and of the lay superintendent and other members of the lay staff. She was subjected to much obstruction and annoyance from such individuals, possessed of the importance of their own ideas. Still, she exhibited great zeal and determination to work in the best interests of the Infirmary and training school ; and is there anything to be surprised at in her making numberless enemies, in false charges being sometimes thrown at her administration by men who ought to have known better, and in her enthusiasm waning on occasions when she found that she lacked the sustained support of the responsible authorities ? Like all people who act, she most certainly made her mistakes ; but to err is human, and the present status of nursing in Australia undoubtedly had its foundations laid by her organisation in the Sydney Infirmary, guided by the constant advice of Miss Florence Nightingale, with whom she was a most regular correspondent.

Miss Osburn undoubtedly on occasions was lacking of tact and conciliatory power, but above all things she was womanly ; and can she be blamed for this failure in the face of the petty bickerings and antagonism she was exposed to ? At times, also, she was indiscreet, but this was due chiefly to a misconception of her confidants, and on one occasion almost led to grave political consequences. This last reference is worthy of note : In March, 1868, the attempt to assassinate the Duke of Edinburgh had been made, and the Duke being wounded, the nursing arrangements were superintended by Miss Osburn. Shortly afterwards she wrote to her uncle in England a gossipy letter in reference to this and other events. The uncle had this letter printed for private circulation, and, in the words of Miss Nightingale, it fell like a "bombshell" amongst the members of the Nightingale committee. Miss Osburn at once tendered her resignation, but fortunately the letter was suppressed without the Colonial Office in London or the Government and public of New South Wales becoming aware of it, and Miss Osburn's resignation was privately withdrawn, and the knowledge of the indiscretion remained a secret among a narrow circle.

The English nurses were much dissatisfied when they arrived, as they had been led to expect different circumstances, and probably some of the petty annoyances they were exposed to was conducive to this feeling. At the time of Miss Osburn's engagement, she was unaware of the contemplated appointment of a lay superintendent. On her arrival she found this office had been

created and had thereby caused a division of authority in many of her own special duties. The divided responsibility between herself and the superintendent was a great source of annoyance to Miss Osburn, and militated against the successful administration of the Hospital. By-laws had been passed defining their respective authorities, but these were so indefinite and ill-conceived as to make it doubtful who was charged with the performance of certain specific duties, and other duties were allocated to the wrong officer. Constant clashing and friction was the result. The Hospital servants and cooks were under the orders of the superintendent, who engaged and paid them, but as Miss Osburn was responsible for the efficient internal economy of the Hospital, most of the orders for the patients' welfare should have come from her. The servants, however, openly flouted Miss Osburn, and only complied with an occasional request from her as a favour. The cooks were under the manager, and when the cooking was bad complaints were made to him, but he acknowledged he knew nothing of cooking; and yet Miss Osburn could not interfere, as the cooks ignored her orders. This evil in the administration was not remedied until the abolition of the manager's or superintendent's office and the appointment of a paid secretary in 1875. His duties were then determined as the entire care of the external affairs of the Hospital, whilst Miss Osburn was entrusted with the full management and discipline of the wards and patients, the nursing, the cooking, and all the servants of the institution engaged in these departments.

The trouble over the official titles of the nurses was extraordinary, and is fully indicative of the narrow-minded feelings which came to the fore. Miss Osburn found, after assuming her duties, that great confusion existed in the lay mind in Sydney between the respective offices of superintendent and lady superintendent. Private letters and accounts intended for herself were delivered to the superintendent and *vice versa*. To obviate this mistake, she caused her official designation to be changed to 'lady superior.' This simple request raised a storm of indignation, which was probably accentuated by the introduction of the title of 'sister,' and Miss Osburn was accused of being partial to Roman Catholicism in the administration of the Hospital. The opposition persisted until she reverted to the old designation, when the office of superintendent was altered to that of manager in 1869; but two years later the feeling reacted on the title of 'sister,' and caused it to be abolished and that of 'head nurse' substituted. It is hardly credible that such a narrow-minded opinion could have weight, especially as the title of 'sister' has been in use in such Hospitals as St. Thomas's, London, for two hundred years, and its only object is to give the charge nurse in a ward more dignity.

The medical staff for some time appear to have been antagonistic to the new system. The members of it for some reason desired to keep the nurses in ignorance of the patients' complaints, and the custom of placing the disease of an inmate on his bed-card was abolished, whilst during their rounds the doctors spoke little to and gave the nurse few instructions about the patients. Many

of the doctors entirely disapproved of the employment of female nurses in the male wards, and the nurses felt this want of confidence and support. In the early years, the want of unison between the medical and nursing staffs is well displayed by the habit the doctors had of giving no prior information about an intended operation until they actually attended to perform it, when they would wait whilst the operating theatre was prepared. Occasionally the nurses foresaw the intention by a patient being ordered a dose of *oleum ricini*. One member of the medical staff (Sir Alfred Roberts), was particularly antagonistic to Miss Osburn. He gave strong evidence against her at the Charities Commission, in which he was undoubtedly wrong, and Parkes gives the keynote to the position in his statement that Roberts "spoilt his own efforts to be useful by his desire to be the authority on all occasions." The nursing staff gradually overcame this prejudice which the medical staff had against them, and in 1873 it was generally acknowledged by the doctors that the new system was a vast improvement on the old.

Some of the directors also demonstrated their opposition to the new system at its commencement. Certain members of the committee were constantly interfering by giving uncalled-for and erroneous orders on their individual responsibility, such as the opening and closing of windows, by ignoring their officials, and dealing direct with the inferior servants, and by interviewing and reprimanding the nurses in the presence of patients. This interference was naturally not conducive to organised discipline, but was remedied when, in consequence

of the candid criticism of the Charities Commission, the directors modified their actions and commenced to fulfil their duties more in accordance with the dignity of their position.

The new routine work took time to introduce. Miss Osburn, on her arrival in Sydney, at once assumed charge, and the five sisters had all the female wards and certain male wards committed to their care. Probationary nurses were sought after, and all applications for the positions were made direct to Miss Osburn, who also considered their suitability; but few were received at first. In the meantime, the wardsmen and old nursing staff continued their duties. Towards the end of 1868, it was determined to retain six of the old Colonial nurses, and six probationary nurses were engaged, and then a number of the wardsmen were dismissed. In the following year, four probation sisters and seven probation nurses were added to the staff and their training commenced. The number of wardsmen was then reduced to one in attendance on the male lock and stricture ward, and, characteristic of the day, this man was usually an ex-syphilitic patient himself. In the same year, 1869, the nursing staff entered into full occupation of the Nightingale Wing.

The system was gradually developed. As has been stated, Miss Osburn at first had the assistance of five English sisters who were placed in charge of three or two wards each. These sisters had signed a three-years' engagement with the New South Wales Government, commencing on 2nd December, 1867, and their salaries of £50 per annum each, with yearly increases of £10 up to

£70, were paid throughout by a special Crown grant, whilst Miss Osburn's salary was £150, increased at first to £200, and in 1873 to £250 per annum. Only one sister remained after the termination of their original engagement; one left to marry, and the services of three others were dispensed with by the Colonial Secretary. Through this nursing staff the Government thus first began to share in the control of the Hospital. During their three years' service, quarrelling amongst the sisters was frequent, but subsequently the nurses worked well together. The staff, when it reached its full development in 1873, consisted of four head nurses, as the name of 'sister' was then abolished, seventeen nurses, seven probationers, and the housekeeper. They had all been trained in the Hospital except the English sister. The sister received a salary of £70, increased in 1872 to £80; the head nurses, £40; eight nurses, £30; nine nurses, £26; seven probationers, £20; and the housekeeper, £40. The day staff was apportioned so that one nurse and a probationer took care of the large wards, and one nurse of the smaller wards. They were constantly transferred from ward to ward to give them varied experience, and to arrange for the night staff whose duration of service was only three months. They began their duties at 6 in the morning, and half of them left at dinner-time (1.30 p.m.), and did not go on again until after tea at 5 p.m.; when they remained on duty until the night nurses took charge between 8.30 and 9 p.m.; the other half of the day nurses returned to the wards after dinner, and left when their tea bell rang at 5.15 p.m., and had no further

duties in the ward until the next morning. Miss Osburn, as a rule, went around the wards four times a day, namely, before 6 a.m. and again after 9 p.m., and once each in the forenoon and afternoon. The nurses were all dressed in the same uniforms, head nurses and probationers alike. They wore lilac print dresses, with trains according to the fashion of the day, and aprons without bodices. A great difference in the new system was the age of the staff, which was considerably below that of the former nurses, and much exception was taken to this, but Miss Osburn maintained the opinion that it was easier to train a woman of 20 than an elderly woman, and the principle was upheld.

The training of nurses began with the arrival of the English staff, the sisters superintending the instruction in the wards. Miss Osburn gave lectures twice a week in anatomy, physiology, or on some disease with reference to cases in the Hospital. The staff was divided in two to attend these lectures—one half for each day, but owing to the nurses frequently being required at the same time by the doctors in the wards, these lectures lapsed for a few years. They were subsequently revived in part, and a few were delivered by the medical staff.

The wards were gradually reorganised and definite classification introduced. The old system of numbering them was abolished in 1868, and they were henceforth known by letters of the alphabet. In 1869, the south wing was, for the first time, entirely devoted to the treatment of female patients, and the main building to male patients. A new ward was also opened in the

northern end of the ground floor, and at the same time all the partitions in the wards, which had been used to provide rooms for nurses, and other small apartments were removed, the nurses being entirely accommodated in the Nightingale Wing. In 1870, another new ward was opened on the ground floor, also to contain twenty beds, and for a short time this was used for convalescent patients. These two new wards had previously been occupied as quarters for the resident surgeon, board room, and store department. By these additions the Hospital made provision for the accommodation of 227 patients. There was then ten wards in the main building devoted to male patients, as the old original Macquarie wards at each end of the upper floor were divided into two. On the lower floor, the wards from south to north were G, H, J, K, and were devoted to medical, accident, surgical and medical cases respectively ; on the upper floor, the wards were M, N, O, P, Q, R, the first and last two being the subdivided Macquarie wards, and they accommodated surgical, ophthalmic, surgical, medical, stricture, and lock cases respectively, M ward being devoted especially to operation cases. This ophthalmic ward, as mentioned in the previous chapter, was only maintained for a short time. In the south wing, the wards were set apart for the treatment of female medical and surgical cases, and one as a Magdalen ward. In 1878, the first children's ward was established in the south wing, children under 7 years of age having been previously treated in the general female wards. In the same year, a new ophthalmic ward was created in the main building, and the eye cases,

which had become scattered through the Hospital, were collected together.

The division of the wards amongst the staff of physicians was arranged so that two honoraries had a ward each on the male side and shared one on the female side, whilst the remaining two honoraries had the reverse, one each on the female and shared one on the male side. In the surgical wards, the division was unsatisfactory, certain of the surgeons continuing the old abuses.

The general appearance of the wards was improved under the influence of Miss Osburn and the nurses, and they assumed a more home-like aspect. Some alterations were also made to suit the new régime, such as the arrangement of sitting-rooms for the use of sisters in the south wing, by removing the staircases outside and utilising the space formerly occupied by them for that purpose. The sanitary condition of the wards, however, remained bad as long as the old buildings were occupied. Constant efforts were made to remove the vermin, but met with little success. The buildings had also become so infected with the germs of disease that only their total demolition could effect a remedy. As illustrative of this, in 1874 an acute outbreak of typhoid fever occurred in the lower northern ward, and was traced to the drainage collected below in the old unventilated foundations, which was the accumulation of nearly sixty years. Outbreaks of erysipelas were frequent, one of the Hospital maids dying of a form of malignant erysipelas developed in the Hospital, and it was almost impossible to treat a simple wound in the wards without secondary infection ensuing.

A new dietary scale was introduced in 1870, and was as follows :—

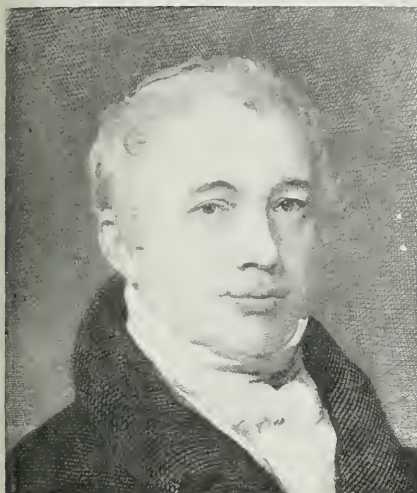
No. 1.—Full.		No. 2.—House.		No. 3.—Simple.		No. 4.—Low.		No. 5 Milk.	
8 oz. bread ...		6 oz. bread ...		5 oz. bread ...		4 oz. bread		4 oz. bread.	
4 oz. meat ...		$\frac{1}{2}$ oz. butter ...		$\frac{1}{2}$ oz. butter ...					
16 oz. tea...		16 oz. tea...		12 oz. tea ...		12 oz. tea...		8 oz. milk.	
8 oz. meat (five days) ...		4 oz. meat (five days) ...		4 oz. meat (five days) ...					
Baked beef—Monday and Wednesday.									
Boiled Mutton—Thursday, Saturday, and Sunday,									
8 oz. vegetables ...		6 oz. vegetables ...		4 oz. vegetables...					
4 oz. bread ...		4 oz. bread ...		4 oz. bread ...		4 oz. bread		8 oz. milk ,	
On Sunday, Monday, Wednesday, Thursday, and Saturday.									
16 oz. soup, 8 oz. bread...		16 oz. soup, 4 oz. bread...		12 oz. soup, 4 oz. bread					
4 oz. boiled mutton ...		10 oz. bread pudding		8 oz. bread pudding...					
On Tuesday and Friday.									
8 oz. bread ...		6 oz. bread ...		5 oz. bread ...		4 oz. bread		4 oz. bread.	
$\frac{1}{2}$ oz. butter ...		$\frac{1}{2}$ oz. butter ...		$\frac{1}{2}$ oz. butter ...					
16 oz. tea...		16 oz. tea ...		12 oz. tea...		12 oz. tea ...		8 oz. milk.	
No extras.		No extras.		No extras.		Any extras.		Any extras.	

The quantities of ingredients contained in tea and soup were strictly enforced. At a glance, it can be seen that this diet was very inconvenient, as no extras could be ordered except in diets 4 and 5, but still it was a vast improvement.

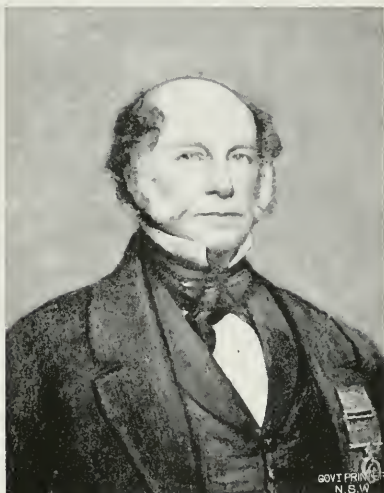
Considerable advances were made in the more technical side of hospital administration. In 1870, mainly on the initiative of Dr. J. C. Cox, a hospital pharmacopœia was compiled by a committee, being largely drawn from the various London pharmacopœia, with the additions of any prescriptions desired by the members of the honorary medical staff. It was printed, but was not at once adopted, and not until the late 'seventies' was an amended addition actually in use. The clinical thermometer was introduced early in this period, and was generally adopted before its close.

Surgery made considerable advances, and major abdominal surgery began to be practised. Scientific enthusiasm was occasionally demonstrated, and on one occasion a doctor inoculated himself on the arm with the serum of a Hunterian chancre to demonstrate his belief that it was non-infective, in which he naturally failed. Pathological research was in progress, and a distinct advance was made by the purchase of a microscope for 85 guineas in 1872, but little work was accomplished, and, subsequent to the total vacation of the main building in 1877, the attention of the staff seems to have been entirely devoted to treatment.

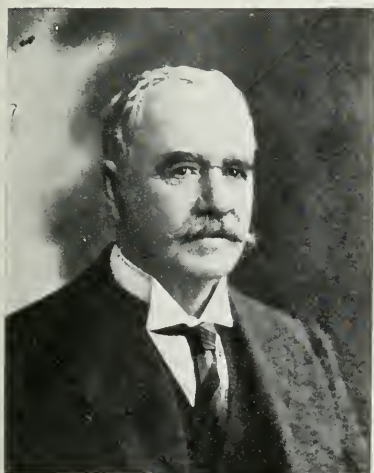
In 1869, an attempt was made to introduce homœopathic treatment into the Hospital practice, and a petition in its favour was presented to Parliament, but the proposal met with little encouragement, and was allowed to quietly lapse.



HON. ALEX. MACLEAY.
1845-1848



HON. SIR E. DEAS-THOMSON.
1849-1879.



SIR ARTHUR RENWICK, M.D.
1880-1908.



JOHN POPE, ESQ.
1909-1911.

SUCCESSIVE PRESIDENTS.



CHAPTER XII.

THE SYDNEY HOSPITAL, 1881-1893.

SYDNEY HOSPITAL ACT—ALTERATIONS IN CONSTITUTION—ERECTION OF BUILDINGS—TEMPORARY BUILDINGS AND ACCOMMODATION—FINANCES.

ON the 15th November, 1881, the Sydney Hospital Act, 45 Vict., having passed both Houses of the Legislature, received the assent of the Crown and became law. In carrying this important measure to a successful issue, the President of the Hospital, Sir Arthur Renwick, was largely instrumental. By this Act the Hospital was incorporated and the old title of Sydney Infirmary and Dispensary was altered to that of the Sydney Hospital, and besides introducing various reforms itself it made the way clear for further internal improvements in the management. It is under this Act that the Hospital has been administered to the present day.

The subscribers and governors, who under former regulations were qualified to vote at annual meetings, were constituted into a body corporate with

the lands granted by the Crown vested in them, but with no power to sell, mortgage, or dispose of them. The control of the institution was vested in the board of directors, consisting of twenty-six members, namely, a president, two vice-presidents, a treasurer, ten directors nominated by the Crown for life, two directors elected annually by and from the honorary medical staff, and ten directors chosen by the subscribers from amongst the governors, four of the last-mentioned who attended the least number of meetings in the year, retiring annually, but being eligible for re-election. The directors were given the power to pass by-laws and regulations for the government and administration of the Hospital, subject to being confirmed by the Governor-in-Council.

The board thus constituted formed a satisfactory working body. At first, however, one detail militated against success, as for twelve years any member of the honorary medical staff had the privilege of attending all meetings of the board of directors or house committee, and giving their opinion and advice without possessing a vote ; this custom created considerable discussion and faction fighting at the meetings, and was abolished in 1892. A satisfactory feature introduced with the new board was the exclusion of the clergy, who had been a large factor in the dissensions of former directorates ; although there was no definite rule against their inclusion, as at Prince Alfred Hospital, this became an unwritten law.

New by-laws were drawn up by the directors and gazetted, and by these the internal management was placed on a new basis. The board of

directors had then the entire charge of the management of the Hospital, the honorary medical staff being henceforth appointed by them, instead of by the subscribers as before. For convenience of administration their duties were delegated to a house committee, appointed annually, and various sub-committees, to carry out the objects of the hospital. An important sub-committee was appointed in 1881, namely, the permanent structure committee, consisting of seven directors and the superior officers *ex officiis*, and this was maintained until the Hospital was completed.

The erection of the buildings being then sufficiently advanced, on Saturday, 30th July, 1881, His Excellency Lord Augustus Loftus laid the foundation stone in the presence of a large assembly, including the Premier, various members of the Ministry, and the Mayor of Sydney, besides the President and members of the Hospital Board. A platform had been erected near the foundation stone at the north-east corner of the central buildings. His Excellency and Lady Loftus, accompanied by their staff, were met at the Hospital gates by Dr. (afterwards Sir Arthur) Renwick, President of the Hospital, and several directors, and conducted to the platform. Renwick then made a lengthy speech, in which he detailed the progress and history in brief of the Dispensary and Infirmary, and drew attention to the fact that nearly seventy years before Governor Macquarie laid a similar stone on the same spot; he then described the proposed buildings and arrangements, and presenting the Governor on behalf of the directors with a gold trowel and mallet, he requested him to

lay the foundation stone. After a glass jar containing copies of the newspapers, the thirty-sixth annual report of the institution, and a manuscript giving particulars of the ceremony and the officials connected with it, was placed in a cavity, the foundation stone, which weighed two and a half tons, was swung into place. Lord Loftus then declared the stone well and truly laid and made a short speech. After Mr. Alger had announced that cheques for £350 towards the building fund had been received, cheers for the Governor were given, and the proceedings terminated.

The completion of the buildings then became the burning question of the hour, and remained so throughout this epoch. The whole transactions in connection therewith were characterised by marked apathy on the part of the various Governments, although the enthusiasm of the President and the majority of the directors of the Hospital never waned. At the same time, however, there was a decided want of unanimity of opinion and sustained support of the directors' efforts exhibited by certain members of the medical staff, whilst some of the public, aided by a section of the press, in ignorance of the whole bearing of the question, consistently opposed the erection of the institution.

The basement floor, kitchens, and laundry were completed in 1882, the cost being promptly met from the building fund and Crown grants, and a contract for the first floor at a sum of £23,500 was entered into by the directors and immediately commenced. In 1884 this contract was completed, but in the meantime the Stuart Government had assumed office and held different opinions to their

predecessors as to the Hospital question, and the directors were met with a definite refusal by the Colonial Secretary to ask Parliament to grant funds for the completion of the buildings. Not only were further funds refused, but also a vote for the payment of the existing contractor delayed, and the directors were compelled to borrow £10,000 from the Bank of New South Wales to meet his claims. This action of the Government alone was strange, but further the Colonial Secretary after consultation with his colleagues refused to consider any further Parliamentary assistance for building a new hospital, unless the directors surrendered the land, which had been held since 1848, and had been formally granted to them in 1878. A public meeting of citizens was held to urge the completion of the buildings, and the deputation then appointed was informed that it was intended to remove the Hospital to Upper Fort-street. This adverse Ministerial action towards the Hospital was strangely enough supported by certain medical men, who had been consulted by the Government and had thereby demonstrated a lack of foresight and comprehensive grasp of the subject involved. Rivalry between the Prince Alfred Hospital and the Sydney Hospital was brought forward, and objection was also raised to the pretentious style of the building, although this had been approved by a previous Government, but the mainspring of the whole matter seems to have been the desire of the Ministry to obtain possession of the land for public buildings, principally Law Courts, and to restrict the scope of the Hospital to that of an accident and emergency hospital for the city.

In consequence of this action of the Government, after the completion of the first story early in 1884, the work of erecting the permanent building was discontinued; but fortunately the Stuart Government made no further progress with their proposed hospital alterations. In 1885, however, with the advent of a new Ministry, the directors pressed the consideration of the Hospital under its notice, and suggested that as considerable objection was raised to the cost of finishing the Hospital as originally intended, it might still be completed by a reduction of one story in its height throughout. This proposal was recommended by the Medical Adviser to the Government, and was favourably received by the Colonial Secretary, the directors submitting estimates of the probable cost of finishing the buildings on this limited scale amounting to £50,000. These negotiations, however, had a negative result.

In the next five years numerous deputations waited on successive Ministers urging the claims of the institution, and although they sometimes met with a favourable reception, nothing eventuated. The first definite step towards a finite settlement of the question was taken by the Premier, Sir Henry Parkes, in November, 1890, when he asked Parliament for an expression of opinion as to the desirability of the Government proceeding with the buildings, and the question of completion was affirmed by 54 votes to 13; the matter was then referred to the Public Works Committee for report. Before this committee the whole hospital question was again ventilated, and amongst other subjects considered were the demand for accommodation, the nature of the cases classed as urgent, the character

of the proposed building, and the suitability of the Hospital for a medical school. As a result of their inquiry the Public Works Commission recommended the completion of the permanent structure on the reduced scale. Owing to various circumstances no steps were taken to carry this report into effect during the tenure of office by Parkes, but in November of the following year his successor, Sir George Dibbs, placed £25,000 on the Estimates to continue the building. In 1892 the erection of the new buildings was at last continued by the Government and rapidly progressed. Finally the present main Hospital buildings were completed and formally opened by Sir George Dibbs on 10th August, 1894. The cost of the buildings then erected was £69,218 1s. 3d.*, of which £45,000 was met by grants of Parliament and £24,218 1s. 3d. by Hospital trust funds.

During these fourteen years whilst the permanent buildings were being completed, the Hospital authorities were much inconvenienced in providing accommodation for the various departments of the Hospital, and various expedients were adopted to overcome the difficulties created. In 1881 it became necessary to demolish the old dispensary and district surgeon's rooms in the south-western corner of the grounds, and the Government granted the use of the building at the back of the Hospital in the Domain, known then as the Agricultural Hall. This was fitted up as a dispensary and waiting-room, and also provided accommodation for the outdoor ophthalmic department, district surgeons'

*These are the figures contained in the annual balance-sheet, but it is probable further sums were expended by the Crown.

rooms, and attendants' quarters. In 1882 a branch establishment was created at Moorcliff for the treatment of ophthalmic disease, and was intended only as a temporary department pending the completion of the main building and to relieve the demand for accommodation ; it has, however, been continued for the same purpose to the present day, notwithstanding that the Government decided in 1883 to convert it into a lock hospital. The premises were rented and at first 40 beds were provided, but in 1888 this number was increased to 65 by securing possession of the premises adjoining Moorcliff.

In 1882 also the old mortuary behind the Nightingale Wing was demolished and the premises for the steam laundry, which were then newly completed, were utilised in its stead, a temporary mortuary and a room for post-mortem examinations being thus provided. In the same year an alarming outbreak of enteric fever caused an excessive demand for accommodation, and the directors were compelled to seek additional premises, which were obtained from the Government by the cession of a portion of the Coast Hospital, where a resident medical officer and a staff of nurses and attendants were maintained for the special treatment of typhoid fever. This was discontinued in a few months. However, in 1884 the limited accommodation at the Hospital was again taxed by a similar outbreak and the Government caused the Coast Hospital to be thrown open afresh, this time for the reception of convalescent patients only.

The dangerous character of the wooden buildings in the event of an outbreak of fire was always a

source of anxiety to the directors, and Superintendent Bear, of the City Fire Brigade, on his arrival in Sydney, submitted a masterly report on the subject at the request of the board ; acting on his suggestions nearly £1,000 was expended in minimising the risk as much as possible. The danger of fire remained and two small outbreaks occurred, but both were fortunately subdued. This and the demand for accommodation brought into prominence the question of the removal of the patients from the wooden pavilions into safer and larger premises, and in 1886 their removal to Hyde Park Barracks was mooted. Nothing further, however, was attempted until November, 1891, when the Premier of the day, Sir George Dibbs, made a personal inspection of the Hospital, and it was determined to remove the patients from the wooden pavilions into the Nightingale Wing. In the following year this was accomplished, and the Nightingale Wing was adapted to the purposes of a temporary hospital at a cost of £3,471 17s. 9d., and the patients removed into it ; one wooden pavilion was soon after demolished. The nurses were then accommodated in the premises formerly occupied by the Australian Club in Bent-street, whilst No. 207 Macquarie-street was secured as a matron's office, linen room, and dining room for the nurses, where they remained until 1895 ; the inconvenience to the nursing staff caused by these arrangements need only be mentioned to be appreciated.

The finances of this period underwent considerable variations. The annual Government subsidy to the extent of an equal amount of the previous year's subscriptions was again abandoned and a

fixed annual sum was granted, which in the majority of the years was £4,000, but at the same time the Government continued to pay for the maintenance of paupers a sum which amounted annually to the neighbourhood of £6,000. During these years the expenditure gradually increased, and the cost per bed rose at a rapid rate, and in 1892 reached as much as £89 10s. per occupied bed per annum; this was owing to extravagant administration and to increased expenses from the scattered state of the various departments. At the same time the income varied; during the early years the public subscriptions were well maintained, but in the years of financial stringency through which the Colony passed at the beginning of the 'nineties,' there was a considerable decline in public support, and in 1892 alone there was a decrease of nearly £1,000 on the previous year. In consequence of these changes there was an annually increasing deficit, and in the four years, 1889-1892, this amounted to £1,312 17s. 10d., £3,696 14s. 2d., £3,126 11s. 7d., and £4,132 7s. 1d. respectively, aggregating an ordinary expenditure of £12,268 10s. 8d. in excess of the current income. This was met by overdraft and temporary drawings on the funds. A large part of this expenditure was due to mismanagement, as in the following year (1893) Dr George Armstrong, the medical superintendent, mainly by his individual exertions, reduced the expenditure by £3,136 14s. 3d. as against that of the previous year.

The overdraft habit first assumed alarming proportions in 1884, when the second chief contract for the building, namely, that of erecting the first

story, was completed. In order to meet the liability thereby incurred, the directors borrowed £10,000 from the Bank of New South Wales, giving as security the personal liability of Sir Arthur Renwick, J. R. Street, Sydney Burdekin, and I. J. Josephson, and collateral security over £6,300 worth of debentures; the last part of the negotiations was strange, as these debentures belonged to the Hospital funds and could in no way be dealt with, as they were a part of the permanent endowment of the Hospital. For this accommodation the bank at first charged 9 per cent., which was subsequently reduced to 8 per cent. Such interest was a severe tax on the Hospital's income, and frequent applications were made to the Government to pay this off, and although the various Ministers admitted that the Crown must pay eventually, it was not done until early in 1891, when with accumulated interest the indebtedness amounted to a sum of £14,404 4s. 9d.

The balance of the cost of the new building was defrayed from the building fund, which had been created in 1879, and by Crown grants for the specific purpose. The accounts for this building fund were somewhat loosely kept until 1889, as the fund became virtually exhausted and no cognisance was taken of the asset created by the expenditure. In this year it was taken account of by the deduction of the Government grants, amounting to £45,000, from the total cost of the building then in course of erection, £69,218 1s. 3d., leaving a surplus of £24,218 1s. 3d., which was carried to the credit of the Benefactors' Permanent Trust Fund. In this way, then, the last-mentioned fund

has become the amalgamation of the old Permanent Endowment Trust Fund, which began with £1,200 of Dispensary funds in 1845; the Benefactors' Permanent Fund, which commenced with a donation of £1,000 by Thomas Walker in 1867; and the old Temporary Investment Account, dating from the year 1868.

The endowment funds of the Hospital received notable additions in 1886 from the bequest of £20,000 by Mrs. Mary Roberts and £1,100 by Ed. Bennett. Further sums of £1,770 11s. 8d. in 1887, and £707 10s. 1d. in 1890, were received from the estate of the former, and £700 in 1889 from that of the latter. A notable gift to the Hospital was that of land whereon to build a branch dispensary at Paddington by William Perry in 1883.

At the close of the financial year of 1893 the Benefactors' Permanent Trust Fund had increased to £46,240 3s. 6d., but this development from £3,343 os. 4d., the figures for 1880, was not entirely due to new benefactions, but also to the accretions to the fund owing to the new system of accounts introduced in 1889 detailed above. During this epoch the Samaritan Fund largely increased and amounted at the end of 1893 to £2,608 14s. 11d. The fund had been legally constituted by the Hospital Act in 1881, and the method of obtaining accretions and the use to which the moneys were to be applied was then legally made the same as the custom adopted by the directors of the Infirmary in 1865.



CHAPTER XIII.

THE INTERNAL ECONOMY, 1881-1893.

GROWTH OF SPECIAL DEPARTMENTS—CHANGES IN
CONSTITUTION OF THE STAFF—APPOINTMENT
OF MEDICAL SUPERINTENDENT—NURSING STAFF
—MEDICAL STUDENTS—INTRODUCTION OF ANTI-
SEPSIS.



THE internal administration of the Hospital during this epoch was characterised by the establishment and growth of many special departments for the treatment of patients suffering from a particular group of diseases, with special officers in charge.

Unlike the first special department, the ophthalmic, created in 1878, all the other specialties were established experimentally as out-patient departments.

The ophthalmic department meanwhile rapidly extended its scope and usefulness: as has been noted, a hospital at Moorcliff was established with 40 beds and increased in 1888 to 65 beds, and these were devoted entirely to eye cases, who were no longer treated as in-patients in the main Hospital at

Macquarie-street. In 1882 special rooms for the ophthalmic out-patients were arranged in the Domain building and the number of out-patients rapidly increased, reaching a maximum of 9,144 for the year 1891, who were treated at Moorcliff as well as in the Domain building. The early development was under the control of Dr. T. Cecil Morgan, as senior, until his death in 1885: he had been a member of the honorary surgical staff of the Hospital, but as the ophthalmic department developed in importance he specialised and devoted himself entirely to eye work in his hospital practice. Thos. Evans, M.R.C.S., held the junior appointment at the commencement of the department.

In the middle 'eighties' the tendency amongst the medical practitioners in Sydney to specialise in a branch of their profession rapidly developed, and this had a reflex in the practice of the Hospital. In 1886 two new special departments were created for patients suffering from diseases of the ear, nose, and throat, and for the treatment of diseases peculiar to women. The first-mentioned specialty was commenced on the initiation of Dr. A. J. Brady, who, in January, 1886, wrote to the directors recommending the innovation; his letter was referred for consideration to the medical staff, and as a result of their report an outdoor department was soon after established, with Dr. Brady as the first medical officer. In the course of the year Dr. W. C. Wilkinson was also appointed to the department in anticipation of the expected demand for treatment, which was rapidly realised, as the attendance increased from 426 in 1887, the first complete year, to 3,796 out-patients in 1894. The department was

further developed in 1887 by the appointment of the two medical officers as full honorary aural surgeons on the staff of the Hospital, with beds allotted for the treatment of their patients.

The gynæcological department was worked experimentally as an outdoor one by Drs. Woodward and Muskett in the latter part of 1885. The treatment of women's diseases had been undertaken by the general surgeons prior to this, and one of the earlier instances of major gynæcological work was in November, 1882, when an ovariectomy was performed, but unfortunately, with fatal results. The demand for this department also largely increased, and before the end of 1886 it was resolved to complete its efficiency by setting apart a ward for the reception of indoor patients. Drs. Thomas Chambers and Ralph Worrall were then appointed senior and junior gynæcologists on the Hospital staff, and at the same time they assumed charge of the out-patient department. This soon became one of the most useful of the special departments, and in 1894 the out-patient attendance numbered 7,309. In this epoch all operations on females were performed in a small room in the south wing.

In 1891 another branch of out-patient treatment was organised in one for the treatment of diseases of the skin, and Dr. W. C. Wilkinson was appointed honorary physician in charge of the department.

All the special departments were opened two days a week in the afternoon, except the skin department, which was conducted in the morning.

Prior to 1888, the pathological work required in the general administration of the Hospital was performed by various members of the medical staff,

chiefly the residents ; in 1883 it was suggested that a resident pathologist and registrar should be appointed to relieve the resident medical officers of this part of their labours, but no action was taken. The project remained in abeyance until 1888, when Dr. W. C. Wilkinson was appointed honorary pathologist. Pathological research was then carried on in the building erected for a steam laundry, where post-mortem examinations and other investigations were fulfilled.

A further innovation was the establishment of a dental department. Although Mr. E. Reading had been appointed honorary dentist in 1885, his duties were confined to attendance on patients admitted to the Hospital for some other complaint, and it was not until 1887 that an outdoor department for dental diseases was opened under the control of Mr. C. G. Hodgson as honorary operating dentist.

In addition to the appointment of these specialists, further considerable changes in the honorary and resident medical staff appointments were made. Subsequent to the passing of the Hospital Act, all honorary appointments were made by the board of directors, and candidates for office were required to possess a degree or diploma from a recognised examining body in the United Kingdom or Australia ; but in November, 1885, the qualifications were altered to candidates holding any degree that was recognised by the Sydney University.

In 1893 an important change was made by the appointment of two honorary assistant surgeons and two honorary assistant physicians. The appointment of such surgeons had been recommended by Dr. Woodward in 1884, but, as has been seen in



BIRD'S-EYE VIEW OF SYDNEY HOSPITAL IN 1856.

many other cases, the Hospital authorities took a long time to come to any decision on proposed changes. At the time of these appointments the district surgeons who had attended to the treatment of the outdoor patients in the north, east, west, and south-western districts, were discontinued, and the honorary assistant staff took charge of the patients in the outdoor department formerly administered by this district staff. This was the beginning of the abolition of a custom which had commenced with the foundation of the Dispensary in 1826, and the only district surgeons retained were two, who had charge of the Regent-street Dispensary and the south and Redfern-Glebe districts. By the discontinuance of these four officers the Hospital was saved an annual expenditure of £200, as each district surgeon had received an honorarium of £50 a year. The seventh city district, created in 1870, had been abolished in 1882, consequent on the establishment of the Prince Alfred Hospital, when the poor in the locality were attended at that institution.

A most important alteration in the salaried staff was the appointment in 1888 of a medical superintendent. As far back as the date of the Charities Commission the initiation of such an office was considered desirable, and was frequently discussed, but it did not become a question of active politics until the early 'eighties.' At this time the resident staff was in an unsatisfactory state from causes fully discussed later, and many considered a fourth resident medical officer would remedy the evil; but the board of directors decided in favour of a superintendent. The question was then raised whether

this officer should possess medical qualifications or otherwise ; on this point the directors were divided, but, chiefly owing to the determined advocacy of Sir Arthur Renwick, it was decided to give the appointment to a professional man. Accordingly in 1888 the directors advertised the proposed office in the daily papers of the different Colonies, and, out of twenty applicants, Walter Hull, M.D., L.R.C.P., M.R.C.S., was selected and appointed at a salary of £500 a year, board and quarters. The Hospital rules and regulations were carefully revised, and new rules to control and define his duties were passed. He was made directly responsible to the directors for the medical conduct and superintendence of the institution, and virtually he was charged with the entire internal economy of the Hospital, with the exception of the duties of the honorary medical staff and the matron.

Apart from the medical superintendent, the resident medical staff throughout this period consisted of three officers. In the early years the conduct of some of these officers caused much public dissatisfaction ; the cause of complaint was their administration of the casualty department, and the constant friction with the police in performing their duties in connection with this branch. They appear to have been extremely averse to giving any opinion for fear of being involved in a subsequent court case, but it was not the mere reluctance to do this, so much as the manner in which certain members of the staff refused, which caused the trouble. This became so pronounced that in January, 1883, a Commission was appointed by the Crown to hold an inquiry into the whole matter. At this investigation, and also

at one held by the Hospital directors, it was elicited that great inconvenience was caused in the administration of the Hospital by the resident medical officers often being called away to give evidence at the courts ; the labours of the resident staff were also much increased, as, after spending two or three hours at the court, all the Hospital work had to be attended to ; for the extra duties entailed, the staff received no further remuneration, as all court fees were paid to the credit of the Hospital. But, on the other hand, in their endeavour to avoid the difficulties, some members of the staff were completely devoid of tact, and in consequence antagonised the police and the public. Towards a settlement of the trouble, the salary of the residents was raised from £200 to £250 per annum in 1884, in lieu of the court fees which they desired to retain.

In the early 'eighties,' there was great reluctance amongst the medical men of Sydney to accept resident appointments, and vacancies were sometimes filled with difficulty, but as graduates of the Sydney University came into the field the reverse came to be the custom, and appointments were eagerly sought after. The first medical graduate of the Sydney University to hold office in the Hospital was A. G. Henry, M.B., Ch.M., appointed resident medical officer in 1888.

In 1893 one resident officer was appointed as senior resident medical officer, and the first to hold the position was H. L. Maitland, M.B., Ch.M., and his duties were defined virtually as an understudy to the superintendent. The resident staff then consisted of medical superintendent, one senior and two junior officers. After Hull's resignation, the

superintendent's salary was reduced to £300 a year, whilst of the rest of the staff, one received £100 and two £50 per annum respectively. In 1893 the tenure of office by the superintendent was fixed at three years, but at the end of that time he was eligible for re-election.

The nursing staff and nurse training school during this epoch accomplished good work and were further developed. In 1881, on the outbreak of small-pox, nurses were supplied for the Quarantine Station at North Head, and when Little Bay Hospital was opened, the matron and most of the nurses were drawn from the Sydney Hospital staff. In November, 1884, Miss Osburn was superseded by Miss McKay, and in the following year the title of the head of the nursing staff was altered to that of matron. Miss McKay had joined the nursing staff in 1875, and was the first who had been locally trained to occupy this important position. In the end of 1887 important changes in the training school were introduced on the recommendation of the honorary medical staff and adopted by the board of directors with the proviso that the new rules were not to be retrospective. Under these regulations a definite course of instruction was compulsory, and no certificates were granted before the completion of a two years' training and the passing of a satisfactory examination.

During these years medical students were allowed to attend the practice of the Hospital, and under the Sydney Hospital Act definite rules were drawn up for their control. Notwithstanding these regulations, however, the Hospital practice was of little service to students, and, as one critic in 1883

summarised the position, they worked with no settled plan and were mere dilettanti attendants in the operating theatre and the wards. In 1884 in connection with the University Medical School, clinical lecturers were appointed by the board and accepted by the senate ; they were Dr. C. D. Clark, in clinical medicine, Dr. Harman Tarrant in surgery, and Dr. Cecil Morgan in ophthalmology. These appointments soon lapsed, and in 1893 the University was again invited to appoint clinical lecturers in medicine and surgery, but these did not become an accomplished fact in this era. The attendance of students was little encouraged by the honorary staff, by many of whom their presence was rather resented. In the casualty department, however, they were of great assistance to the resident surgeon in charge of the gate, assisting him in the daily dressings required ; the growth of the Hospital is well exemplified in this branch, as in 1877 the house surgeon and two students occupied an hour daily in completing the work, whilst in 1883 the same duty occupied a similar staff for two and a half to three hours. The unsatisfactory condition of this training of medicos was largely due to the difficulties the qualified staff experienced from the scattered state of the Hospital departments, and also to an innate subconscious jealousy when the medical school at Prince Alfred Hospital was in process of development.

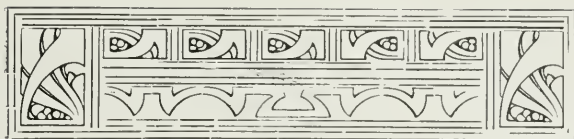
In 1885 a new method of admitting Government patients was introduced, and applicants were no longer allowed to present themselves at the Hospital with a Colonial Secretary's order to be examined by the Hospital doctor and admitted if necessary, but

were examined at an office in Pitt-street by the Inspector of Charities, between 11 a.m. and noon, and he decided on their suitability or otherwise. This created some hardship as patients not attending at that hour had to wait until next day.

A prominent milestone in treatment was passed in this epoch by the dawn of modern antisepsis. In 1881, the carbolic acid spray was introduced, but never became popular owing to the moisture created and the fogging of the field of vision. A few years later, the use of perchloride gauze came generally into vogue, and the direct combat with the germs of sepsis was definitely commenced.

Certain current events in the Hospital created considerable stir at the time, such as the service of a writ on Dr. Hull by Dr. H. A. Ellis for £5,000 damages in 1892, and the question of the introduction of the tuberculin treatment in 1891, but are of too recent a date to be studied in their proper proportions.





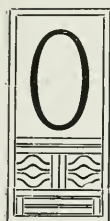
CHAPTER XIV.



THE NEW SYDNEY HOSPITAL, 1894-1911.



OPENING OF THE NEW HOSPITAL—THE BUILDINGS
—NEW SOUTH WING—CHANGES IN THE MEDICAL
STAFF—THE NURSING STAFF AND SCHOOL—
MEDICAL STUDENTS—THE SPECIAL DEPART-
MENTS—THE ADMISSION OF PATIENTS—THE
FINANCES—CONCLUSION.



ON 10th August, 1894, the permanent building was completed, and at the request of the directors Sir George Dibbs formally declared the Hospital open. This was performed with full public ceremonial outside the administrative block, and speeches were delivered by Dibbs and Renwick from the steps of the Hospital. Sir Arthur Renwick detailed the history of the Hospital and of the delays in the erection of the buildings, and sketched the proposed future administration of the institution; he then presented Dibbs with a gold key with which to formally unlock the Hospital. Sir George Dibbs thereupon spoke to the pleasure given him in the fact that his Govern-

ment had been fortunate in bringing the erection of the buildings to a happy conclusion, and declared the Hospital open, turning the lock of the entrance doors with the golden key.

This function initiated the present era, and during this important epoch the Sydney Hospital has risen to be a monument of pride to the people of Sydney. The entire provisions created for the treatment of the sick poor have been placed on solid and rational foundations, the staff, medical, nursing and lay, have been increased and fully developed, the internal economy in the main has been organised with care, and the general status of the institution has become entirely satisfactory with the exception of the question of financial upkeep, which undoubtedly at the time of writing is the burning problem requiring solution.

The buildings then occupied for the first time consist of five blocks. The central or administrative block containing in the basement, rooms and offices for the dispenser; on the first floor, board room and administrative offices proper; and on the second and third floors, quarters for the resident medical staff. The northern block has three wards, one each on the basement, first and second floors, containing twenty-two beds; in the southern block the basement floor is occupied by the outdoor department, and the first and second floors by two wards containing twenty-two beds each; in the eastern block behind the administration buildings are three wards containing fifty beds in all, and again behind this is the operation block, containing the operating theatre and eight small wards of two beds each for operation or special cases.

At the date of the opening of the new buildings, it is well to remember that the additional buildings were the Nightingale Wing, the new laundry and kitchen, and the south wing erected in 1857 containing seventy-six beds.

The Hospital in 1894 thus provided for the accommodation of 236 in-patients, besides the 16 beds maintained for special cases, and 144 beds were then set apart for male patients, whilst the 76 beds in the south wing and 16 beds in the main building were exclusively devoted to the treatment of women and children. Working on this basis an average of 1,500 cubic feet was allowed per patient.

Immediately after the occupation of the main building by patients, steps were taken to restore the Nightingale Wing, which had been used as a temporary hospital, and to refit it for the accommodation of the nursing staff. Another story was added and the alterations completed in 1895, when the premises of the old Australian Club and 207 Macquarie-street were vacated, the nurses returning to their old quarters.

In the same year, 1895, a building for the reception of infectious cases was erected and the south wing renovated and brought up to date; similar renewals to the premises at Moorcliff occurring in 1896 and again in 1902. In 1897 a most important acquisition to the Hospital was obtained by the erection of a special building for the use of the pathology department, the cost being defrayed by the Government, and it was formally opened by the Governor on February 22nd, 1898. In May, 1901, the scope of the Hospital was still further increased

by the opening of the Paddington Dispensary in buildings which had been erected during the previous twelve months at a cost of £3,100 15s. on land given for Dispensary purposes by Wm. Perry, in 1883 ; although the propriety of the decentralisation of the Hospital has long been a point of difference amongst both directors and public, the investment of trust funds in this building are the least questionable, as besides the undoubted advantages of relieving the out-patient department in Macquarie-street and the convenience afforded to patients residing in the eastern suburbs, this investment in 1910 returned $4\frac{5}{8}$ per cent. by the rent of the shops on the Oxford-street frontage. In 1901 the Nightingale Wing was completely altered at the expense of funds voted by the Government, who also provided for the furniture required in the additions ; the enlarged premises were fully occupied in the following year and contain a total of fifty-four rooms, devoted entirely to the matron and nursing staff and their personal attendants. In 1903 an observation ward in connection with the casualty department was established, and has since demonstrated its usefulness. In the same year the necessity for alterations to the south wing became prominent, and it was proposed to add a third story to contain thirty-three additional beds on the then existing building. Better counsels however prevailed, and instead of patching the old building, it was decided to erect an entirely new one ; the old wing was demolished in 1905, and with it disappeared the last trace of the premises occupied by the Sydney Infirmary. The creation of the new wing was shortly afterwards commenced, and on

completion was opened for occupation on 5th September, 1907, by the Governor, Sir Harry Rawson, accompanied by Miss Rawson. The entire cost of this building was £24,291 15s. 8d., of which amount £14,791 15s. 10d. was provided out of the Hospital trust funds and the balance by Government grants. The new south wing, which, since the death of Sir Arthur Renwick, in 1908, has been known as the Renwick Pavilion, is five stories in height and possesses a flat roof arranged as a solarium for the use of patients; the basement floor accommodates the skiagraph and massage departments, general store, etc.; on the first, second, and third floors are situated large wards, each containing twenty two beds and allowing 2,000 cubic feet of space per patient. On the top floor are sterilising, anæsthetic, and bath rooms, and the J. H. Want Memorial Theatre; the last was furnished and equipped by admirers of this brilliant lawyer and politician as a lasting memorial of his services to the State.

Since 1899 all these improvements and additions have been entirely carried out under the supervision of honorary architects, and the Hospital has thereby been saved considerable expense by the gratuitous services of Messrs. Robertson & Marks, who have held the appointment.

By these various alterations the premises of the Hospital have reached their present state of efficiency, the entire buildings transferred to the authorities of the Sydney Infirmary in 1848 by the Governor, as representative of the English Crown, have been demolished, and a splendid modern hospital has been erected on same site at a cost of

£93,601 12s. 5d.,* of which the Government has provided £54,499 19s. 10d.,* and the charitable public of Sydney, through the medium of the Benefactors' Trust Funds, £39,101 12s. 7d.

The by-laws were revised and brought up to date in 1894 and again in 1899, whilst new rules and regulations were introduced in 1903, and additions were made to these on account of the opening of the clinical school in 1909. These changes were rendered necessary by the enlargement and development of the Hospital's practice.

As the work of the Hospital and the demand for treatment increased, the honorary medical staff has been proportionately enlarged. In 1894 an important change was made by the abolition of the offices of the two remaining district surgeons and the consequent cessation of all honorariums to members of the medical staff, with the exception of the resident officers ; their duties in the out-patient department at Regent-street were fulfilled by the appointment of a third honorary assistant physician and a third honorary assistant surgeon. The growth of the out-patient department necessitated in 1896 the further appointment of a fourth assistant on each side, medical and surgical, and with the opening of the William Perry Dispensary at Paddington, in 1901, a fifth assistant surgeon and physician were added to cope with the new duties.

In the special departments there have been many additions to the staff. In the ophthalmic branch in 1893 an assistant surgeon was added, and a second

* These figures are extracted from the annual balance-sheet, but it is very doubtful if they are correct.

assistant in 1895, whilst in 1910 the staff was further increased by the appointment of two junior assistants ; in aural work a first assistant was added in 1897, and a second in 1901 ; in pathological work, offices for two honorary assistants have been made—one in 1900, and a second in 1908 ; whilst in 1895 an assistant dentist, in 1900 an honorary skiagraphist, in 1903 an assistant gynæcologist, and last year an assistant dermatologist have been added to the strength of the Hospital. In these ways the honorary medical staff has been developed as occasion demanded up to its present state of efficiency.

The resident medical staff has undergone many increases, with a corresponding division of duties. In 1894 two additional junior officers, making four in all, were appointed to cope with the increased work created by the opening of the new Hospital, and in 1896 a fifth junior and a medical registrar were added to the staff, but the last office lapsed in the following year. In 1897 a resident pathologist was appointed, and in 1898 a sixth junior. In 1902 a further increase was made by the appointment of a second senior officer, and in 1906 a seventh junior was added. In the following year the office of resident skiagraphist was created, and in 1909 that of medical registrar was revived for two years. At the beginning of this year a third senior was appointed, and the resident staff now consists of a superintendent, a first senior (who acts as understudy to the superintendent), two more seniors fulfilling the duties of medical registrars, a pathologist, a skiagraphist, and seven juniors. Throughout this epoch all these officers, with two

exceptions, were graduates of Sydney University, and the appointments were made by the board of directors, and were eagerly sought after. In 1908, however, a new system was introduced, and the Sydney and Royal Prince Alfred Hospitals annually appoint the leading graduates passing out of the Sydney University to their respective staffs, each Hospital taking the first in order of merit in alternate years, reserving to the graduates themselves the right of electing to which Hospital they shall be appointed.

The nursing staff, both in training and numbers, has been largely developed. The course of training was lengthened from two to three years, and throughout this era systematic lectures by the honorary medical staff have been delivered, the subjects treated being gradually extended. In 1894 lectures were delivered on elementary anatomy, physiology, medical nursing, surgical nursing, and invalid cooking, and practical instruction in nursing by the matron and senior nurses; in 1902 electricity and massage, in 1903 ophthalmic nursing, and in 1908 hygiene and the nursing of children were added to the prescribed course. In 1903 lectures on mental nursing were also delivered, but have not been continued. During the seventeen years 172 certificated nurses have graduated out of the Hospital training school.

Besides attending to their thorough training, the physical welfare of the nurses has not been neglected; an asphalt tennis court was provided for their use in 1899, and in 1903 a 'home sister' was appointed, with the special duty of seeing that the nurses are well cared for.

The organisation of the staff has remained the same, except that the title of 'head nurse in charge of a ward' was altered to that of 'sister' in 1895, and with this change disappeared the last trace of the religious intolerance which darkened many years of the Infirmary's existence.

Pari passu with the development of the Hospital, the staff has been increased, and now numbers ninety, namely, a matron, a senior sister, thirteen sisters, six head nurses, fifty-five nurses, and fourteen probationers. Even with this large staff the Hospital is in urgent need of twenty-five to thirty more nurses.

The admission of students to the practice of the Hospital was permissible throughout this period, but no encouragement was officially given by the creation of a definite course or by the members of the honorary medical staff until the foundation of the clinical school.

In 1898, the authorities of the Sydney University approached the directors with a proposal to establish a dental school at the Hospital in connection with the course of dentistry at the University. The board favourably considered the proposal, but deferred a definite decision until the passing of the Dentists' Bill through Parliament. When this was accomplished, a conference was arranged in 1900 between the senate and the board of directors, and it was decided to establish the school at the Hospital. By-laws and regulations were then drawn up to control the attendance and instruction of students in dentistry. In the following year, however, the board of directors found that they had not sufficient space on which

to erect the necessary buildings, and the proposal was then abandoned. A dental school was established elsewhere, and the major number of patients formerly treated at the Hospital are now attended to there.

In 1896 and succeeding years, proposals to establish a clinical school for medical students were brought forward on various occasions, but for different reasons, some of which were decidedly petty, no finite steps were taken until 1909. In this year, on the initiative of the board of directors, which was endorsed by the senate, the practice of the Sydney Hospital was officially thrown open to the medical students of the Sydney University, who now have the choice of attendance at the Sydney or Royal Prince Alfred Hospitals during their curriculum, the certificates of each Hospital being recognised alike by the senate. Lecturers and tutors in clinical surgery and clinical medicine have been appointed, and the clinical school was inaugurated on 20th October, 1909. In this way the Hospital has finally accomplished the ideal first originated by the committee of the Dispensary and for many years fostered by the directors of the Infirmary. The school started with twenty-nine students, and in the current year there are forty-five. The school, although only in its infancy, is already being well developed. Weekly demonstrations on all pathological specimens, and a reading room with the nucleus of a reference library, have been initiated, whilst a pathological museum is under consideration.

The surprising growth of the special departments in this epoch is noteworthy, due partly to

the increase of the population and partly to the development of specialist treatment. Two new departments have also been created. In 1898, the use of the X-rays was introduced ; and in 1900, a definite department was created with Dr. L. H. Harris as the first honorary skiagraphist. As the value of X-rays in diagnosis and therapeutics gradually became recognised, the scope of this specialty increased, and in 1907 the appointment of a resident skiagraphist was rendered necessary and was accordingly made.

In 1909, the department of special therapeutics was established, with Dr. Storie Dixon as director. This is the outcome of the old massage department formerly controlled by a masseur.

The pathology department indicates the most striking growth of the various special branches. Since the opening of a special building for its use in 1898 the progress of pathological research has been uninterrupted, and has kept pace with the rapid advances in this branch of medical knowledge ; in consequence its development is similar to that of the general history of pathology in these years. The striking efficiency here in evidence has been largely due to the fostering care of Dr. Sydney Jamieson.

The admission of patients has been restricted to those suffering from the same class of diseases as formerly, with two exceptions. In 1905, when the old south wing was demolished, the Magdalen ward was allowed to lapse, and in consequence female lock patients are no longer received into the Hospital. In 1901 exception was taken to the treatment of phthisical patients in the Hospital by

the honorary medical staff; as a result of this action a conference was held at the Sydney Hospital between members of the staffs of Sydney, Prince Alfred, St. Vincent's, and Thirlmere Hospitals, and it was decided to urge the Government to erect a hospital for phthisical patients only; this has been done, and phthisical patients are no longer received into the Sydney Hospital.

In 1901 a new system of admission was established, and all deserving cases were admitted on application without reference to the Government for the pauper order. At the same time an arrangement was made with the Crown to continue the payment of the same amount as had hitherto been paid, for the maintenance of Government patients. The Treasury only continued this for four years, for by the introduction of the bed subsidy in 1905 the payment was altered. These changes were the disappearance of yet another of the old Infirmary customs initiated in 1848.

The treatment of patients, as far as the dispensers are concerned, was materially assisted by successive revisions of the Hospital pharmacopœia in 1894 and 1898.

During these seventeen years the finances have undergone many important variations. For six of these years they were in the charge of Mr. James Ewan, and for the subsequent period of Mr. David Fell, and many reforms have been introduced. The financial status, however, of the Hospital has been, and is still, the most important question which the directors have to face. The ordinary expenditure has almost invariably exceeded the income, and at the close of the year 1910, the

sixty-fifth year of the Infirmary's and Hospital's existence as a semi-private institution, the accumulated annual deficiencies amounted to £12,943 7s. 10d., and the Hospital carried an overdraft of £11,180 15s. 3d.

Throughout this period the income of the Hospital has been derived, firstly, from subscriptions and donations by the charitable public and a pound for pound subsidy from the Government on the amount of these; the last custom had been re-introduced in 1893 and has been maintained to date. These subscriptions have amounted annually to between £3,000 and £4,000, but the figures include the annual sum received from the Hospital Saturday collection. This last collection has been of vast assistance to the Hospital finances since its commencement in 1894, and on seven occasions the Hospital has received £1,000 or over, and a total of £16,412 12s. 10d. It is interesting here to note that this movement and the kindred suggestion of Hospital Sunday, mooted in 1883, were discountenanced by the directors, as the board considered a fall in public support would be the consequence.

Secondly, from the interest on trust funds invested, which has fallen from £1,272 os. 8d. in 1894 to £923 1s. 6d. in 1910 owing to the withdrawal of capital to cover in part the cost of the erection of the permanent structure of the Hospital.

Thirdly, from the payment of a sum during the first ten years covering the bare cost of maintenance of pauper patients admitted on a Government order, in accordance with the conditions under which the Hospital premises were transferred in

1848. This arrangement was continued in its entirety until 1901, when the Government pauper orders were abolished ; but the payments remained the same until 1905, when the Government discontinued the maintenance of pauper patients entirely, and substituted a system of paying £35 per annum per bed in the Hospital. This was a direct withdrawal of the Crown from the conditions of the contract entered into in 1848, which had induced the directors of the Infirmary to undertake the responsibilities of maintaining a larger Hospital than formerly. This new system caused a loss of £1,300 to the Hospital for the year 1905, and probably an equal loss during each year of the remainder of the period.

Fourthly, from contributions from indoor and outdoor patients, which has varied from £1,300 to £3,600, the last figures for 1910, and small amounts from students' fees and the court fees of resident medical officers.

Fifthly, from special subsidies of the Crown in various years, in response to urgent representations on the part of the directors.

The expenditure has become much greater than formerly, owing to the larger scope of the Hospital, the increased cost of living, and kindred causes. This is well shown by the annual cost per bed, which during the 'nineties' averaged £62 per bed, but during the last four years the average has increased to £78 2s. 8d. The entire expenditure, however, has not been borne by the Hospital's funds, as the Government pays the rent of Moor-cliff and contributes £700 towards the upkeep of the Regent-street Dispensary.

The present gross financial position of the Hospital is that it is supported by the Crown and by the public in the proportion of two to one ; but it must be remembered that the Hospital authorities were induced by the Crown to maintain a larger hospital since 1848 in order that the Government might be relieved of the care of the pauper sick, and the figures therefore require further analysis. Taking the statements in the published balance-sheet at the close of the year 1910, the public have invested £41,831 3s. 9d.* and the Crown £ 54,499 19s. 10d.† in the capital expenditure of the Hospital to date, and the public are providing an income of £8,788 15s. 6d. for the annual upkeep, and the Crown £6,577 12s. 11d. apart from the bed subsidy of £11,105, for which the Crown is liable under the contract of 1848.

The Benefactors' Permanent Trust Fund has meanwhile developed from £50,689 8s. 5d. in 1894 to £76,113 17s. 7d. in 1910, the principal donations or bequests being A. G. Flavelle, £3,039 6s. 7d. ; J. T. Neale, £3,000 ; Mrs. Grose, £2,341 10s. 7d. ; Sir Wm. Macleay, £2,000 ; George Hawkins, £1,733 17s. ; Mrs. Russell, £1,438 10s. 4d. ; W. P. O'Neil, £1,415 15s. ; and Mrs. Hughes, T. A. Dibbs, Henry Wait, and F. R. White each £1,000.

The Samaritan Fund has increased to £3,520 19s. 10d., whilst in the year 1910 the sum of £2,249 8s. 10d. was raised for the purchase of Radium mainly through the agency of Miss Nellie Stewart

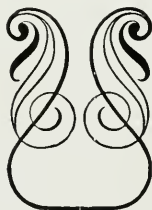
* This is in buildings, which are not revenue producing.

† These figures are in the balance-sheet, but their correctness is not vouched for.

and the *Daily Telegraph* ; the Radium Fund was also supplemented by the Government to the extent of £2,000.

.

To conclude, the history of the Hospital has now been traced through the various periods of its existence, as a Convict Hospital under civil control from 1816–1837, and under military control from 1837–1848, as the Sydney Infirmary from 1848 to 1881, and as the Sydney Hospital from 1881–1911. It has passed through many vicissitudes, watched generations of doctors come and go, seen the rise and fall of various methods of treatment, and finally emerged into a splendid type of modern hospital for the relief of suffering humanity.





Appendices.

Appendix A.

◆

PROPOSALS FOR ERECTING A GENERAL HOSPITAL IN THE TOWN OF SYDNEY, AND A WALL SURROUNDING THE SAME, BY MESSRS. BLAXCELL AND RILEY¹, IN CONFORMITY TO THE PLAN AND DIMENSIONS OF HIS EXCELLENCY GOVERNOR MACQUARIE.

That as a Remuneration for erecting the aforesaid Buildings and finding all Materials for the same the Contractors submit the following Propositions to the Sanction of His Excellency, viz. :—

1st. The Building to be commenced on the 1st May, 1811, and to be finished² in three years from that Period.

2nd. The Contractors to be allowed to purchase from the first Vessel importing Spirits 4,000 Gallons, for which they are not to pay a greater price than Government pays for such proportion of Spirits as they may engage.

3rd. The Duty of 3s. per Gallon on the Spirits thus purchased to be paid in Six Months from the date of its being landed in the Colony.

4th. To be allowed the use of twenty draught bullocks from the Government Herds, which the Contractors will engage to return at the completion of the Buildings, or make good any loss that may happen to the Bullocks by Death or accident in that period.

5th. To be allowed on their Arrival to take off the Stores and to maintain and cloath free of any expence to the Crown Twenty male Convicts for the term of three years³.

6th. To be allowed permission during the erection of the Buildings either to import from India, or to purchase in the Colony, 41,000 Gallons of Spirits, exclusive of the quantity mentioned in the 2nd Article of these Proposals, with the same Credit for the payment of the duty as specified in the 3rd Article.

7th. To be allowed to vend to the best advantage all such Spirits as they are thus permitted to import or purchase.

8th. To receive from Government Herds 80 oxen fit for Slaughter, weighing not less than *lbs. each, in the following proportions, viz.: 30 on the 1st April, 1811, 30 on the 1st April, 1812, and 20 on the 1st April, 1813.

9th. That as His Excellency the Governor has granted permission for 67,000 Gallons of Spirits to be imported into this Colony,—The Contractors to have at their option the liberty to purchase not less than 20,000¹ Gallons of such Spirits upon its arrival in part of the 45,000 Gallons.

10th. That these propositions are submitted to His Excellency in the Confidence that during the Completion of the Building no further permission will be granted for the importation of Spirits⁵ otherwise than such quantities as the Contractors may themselves import: and should vessels accidentally arrive with Spirits on board, the Contractors to have the privilege of purchasing the same in part of the 45,000 Gallons, after the wants of Government are supplied, and such proportions granted to the Officers⁶ for their domestic purposes as His Excellency may deem meet.

G. BLAXCELL.

Sydney,

ALEXR. RILEY.

16th Augt., 1810.

¹ D. Wentworth, Esq.

² To be finished on or before 31st Decr., 1813.†

³ To the 31st Decr., 1813†, inclusive only.

⁴ Providing those persons who have recd. such permission chuse to sell it them, but not to be compelled to do so.

⁵ Excepting only what Government may find it necessary to import for its own use and purposes.

⁶ Civil and Military Publicans and Free Settlers as per Schedule‡ thereof hereunto annexed.

L.M.

* Gap in original: in contract this is stated to be 450 lb.

† These dates were again altered in the actual contract.

‡ Not available: evidently the same as Schedule Two attached to contract



Appendix B.

HOSPITAL CONTRACT.

[pp. 442-453, Historical Records, Vol. VII.]

6th November, 1810.

Parties to
contract.

THIS indenture, made the sixth day of November, in the year of our Lord one thousand eight hundred and ten, between William Broughton, Esquire, Acting Commissary of His Majesty's territory called New South Wales (for and on account of Government) of the one part, and Garnham Blaxcell, Alexander Riley, and D'Arcy Wentworth, of Sydney, Esquires, of the other part. Whereas His Excellency the Governor of this territory hath deemed it expedient that a general hospital should be erected in the town of Sydney, in conformity to a plan and dimensions hereunto annexed, marked No. one; and the said Garnham Blaxcell, Alexander Riley, and D'Arcy Wentworth, being desirous of contracting for the erecting and perfecting the same, within the period hereinafter particularly limited and expressed, have proposed to His Excellency the Governor as aforesaid, to undertake to erect, finish, and complete such general hospital and appropriate buildings, and wall round the same, for and in consideration of the several remunerations and allowances hereinafter mentioned and expressed (and part whereof hath already been received by them, the said contracting parties, and which they hereby acknowledge), to which His Excellency the Governor, as aforesaid, hath conceded and agreed. Now these presents witness that they, the said Garnham Blaxcell, Alexander Riley, and D'Arcy Wentworth, for the considerations hereinafter mentioned, do for themselves, and for their heirs, executors, and administrators, severally covenant, contract, engage, and agree to and with the said William Broughton, Esquire, his successor or successors in office, to erect and compleat, or cause to be erected and compleated, in an effectual, good, and workmanlike manner, a general hospital in the town of Sydney aforesaid; and that the same shall be commenced or begun on or before the first day of May, now next ensuing, and be compleated and finished according to the specified plan, dimensions, and statements annexed, marked No. one, and of materials to be found and provided by them, as hereinafter specified and set forth, on or before the first of May, which will be in the year of our Lord one thousand eight hundred and fourteen; and the contracting parties herein and hereby promise, undertake, and engage that the length of the main building of the said general hospital shall be two hundred and

Plan of
hospital.Contractors'
offer.Accepted by
Governor.The cove-
nantsTo be
completed
in three
years.

Dimensions.	eighty-seven feet and one half foot; the breadth thereof, twenty-eight feet; the height, thirty-eight feet; the thickness of the walls, two feet; the partitions, eighteen inches; the window openings, four feet by eight; outside doors, six feet by eight, with faulights over them; that there shall be a viranda round each story of the building ten feet wide; the pillars of the lower story to be of stone, and the upper story of wood, and the bottom flagged with smooth stone, and the upper part boarded and lined with cedar; that there shall be cut stone from the surface to the base; that there shall be a wall or terrace under the viranda five feet high, to admit to the entrances, a flight of steps of cut stone, proportionately ten feet in length; that the pieces and chimnies shall be of stone, and the whole of the outside walls cut ashler, with rustic coins; that the heads and cells to the windows shall be uniform with the coins; the partition walls of rough stone to be thirty-eight feet high, and the inside of the walls of the building plaster'd throughout. The barracks for the Principal Surgeon and Assistant Surgeons to be compleated with regard to masons' work in like manner as the main building.
Materials.	
Construction.	
Surgeon's barracks.	The walls thereof to be thirty-six feet high, and to have cellars with kitchens separate from the buildings, according to the plan; that there shall be a kitchen to the hospital built with the like materials as the other buildings, its length fifty-three feet, its width twenty-two feet, and height twenty feet, the floor to be flagged, and a sleeping room to be erected over it for domestics; that there shall be stables and coach-houses erected according to the plan; that there shall be a wall with coping of ashler stone, eight feet high with pillars of stone, and necessary gates to surround the grounds; that there shall be a separate sewer to be carried round each of the main buildings, the kitchens and necessities leading from thence into main sewers to the rear of the ground; that there shall be a flagged pathway made from the hospital to the kitchen and necessities, intended for the patients to prevent them getting wet feet, and a flagged pavement made round each of the buildings two feet wide from the wall; that a well shall be sunk in the most convenient spot for the use of the hospital. And it is mutually understood, declared, and agreed that the carpenters' and joiners' work necessarily comprise framed roofs to the buildings, with rafters, plates, and so forth, in due proportion to the magnitude and extent of the span, the flooring joists twelve inches deep, three inches thick, the whole buildings sounding-boarded and shingled, the staircases of mahogany with rails and square bannisters, the doors to be pannelled and of cedar, the sashes double hung, and the several and respective rooms finished in a substantial, neat, and appropriate manner, correspondent with the nature and intention of the edifice, and the whole conformable to the plan, dimensions, and statements contained in certain papers hereunto
Kitchen.	
Stables, coach-houses, and enclosing walls.	
A well.	
Woodwork.	
General clause.	

annexed, marked No. one, and subscribed by the contracting parties, and by which they undertake and engage invariably to abide. In consideration whereof the said William Broughton, by and with the approbation and consent of His Excellency the Governor as aforesaid, hereby, for himself, his successor or successors in office, covenants, promises, and engages to and with the said Garnham Blaxcell, Alexander Riley, and D'Arcy Wentworth, Esquires, contractors as aforesaid, and with their heirs, executors, and administrators, that they, the said contractors, shall be allowed and have permission to purchase or to import into the colony the quantity of forty-five thousand gallons of spirits (of which quantity they have already received four thousand gallons in part of the said forty-five thousand gallons), and the residuary forty-one thousand gallons they are to have and receive at such times as are hereinafter mentioned, at the same prices as are paid by Government for the proportion Government may engage on their account. And that the said contractors shall be allowed six months from the day of such spirits being landed for the payment of the regular duty of three shillings per gallon thereon, as well as the same period of time for the payment of the like duty of three shillings per gallon on the said four thousand gallons already received from the day of their receiving the same. And further, that the said contractors shall be allowed and have the use of twenty draught bullocks from the Government herds, which the said contractors are to return to Government at the completion of the said buildings—that is to say, on the first day of May, 1814, as aforesaid—or make good any loss or deficiency by reason of the death or any accident happening to the said bullocks within or during that period; and further, that on the arrival of male convicts in this colony from England the said contractors shall be allowed to take off the store, and maintain and cloath, twenty male convicts free of any expence to the Crown until the said first of May, 1814, being the period limited for finishing and compleating the said general hospital and buildings as aforesaid. And that the said contractors shall be permitted during the erection and progress of the said buildings, and the existence of the contract, either to import from India, or to purchase in this colony, the said residuary quantity of forty-five thousand gallons of spirits (in addition to the four thousand gallons which they have received as aforesaid), the duties on which are to be paid at the period of six months from the landing of the same as aforesaid. And that the said contractors shall be at liberty and allowed to vend and dispose of such spirits to the best advantage from time to time as they may deem necessary or expedient for their interest and benefit. And further, that the said contracting parties shall receive from the Government herds eighty oxen fit for slaughter, weighing not less than four hundred and

Terms of
payments.

45,000
gallons of
spirits.

Payment of
duty.

Twenty
oxen.

Twenty
convicts.

Importation
of spirits.

Eighty
beeves.

A shipment
of spirits.

Monopoly
of spirits.

Extension
of term.

fifty pounds each in proportions at the following stated periods of time, namely, thirty on the first day of May, 1811, thirty on the first day of May, 1812, and twenty on the first day of May, 1813. And in the event of the arrival of sixty-seven thousand gallons of spirits, which are expected to be imported into this Colony by permission, the said contracting parties shall be at liberty to purchase a quantity not less than twenty thousand gallons thereof in part of the said residue of forty-one thousand gallons, provided that those persons who have received permission to import that quantity chuse to sell it to them; but it is to be understood that they are not to be compelled or compellable so to do, nor is this contract intended to interfere with or apply to such quantities of spirits as certain persons in this Colony have obtained permission from His Excellency to import for their own use and benefit respectively, according to the Schedule hereunto annexed, marked No. two.* And His Excellency the Governor as aforesaid promises that during the existence of this contract, and the progress of the buildings to which it refers (save and except as hereinafter mentioned as to period thereof) His Excellency will grant no further permission for the importation of spirits other than such quantities as the said contracting parties may import in part of the said residuary quantity of forty-one thousand gallons, excepting only what Government may deem it necessary to import for their own use and occasions, and without prejudice or reference to the importation of any quantity of spirits which may be brought into this country by promiscuous ships touching at or arriving in this port, in which event, however, the contracting parties are to have the privilege of purchasing therefrom, at the price paid by Government, such quantity of spirits in part of the said residuary quantity of forty-one thousand gallons as may remain after the exigencies or occasions of Government are supplied, and after such proportions thereof are granted to the officers, civil and military, to the licensed publicans, the inhabitants and free settlers, as per Schedule annexed, marked No. two, as His Excellency may deem proper to allow them. Provided always, and it is mutually understood and agreed, that as the term or period for finishing and completing the general hospital and buildings hath been extended at the request of the said contracting parties to six months beyond the term or period originally proposed by them, namely, to the first day of May, one thousand eight hundred and fourteen, that His Excellency the Governor as aforesaid reserves to himself and successor or successors in the Government full power and privilege to grant permission to such persons as he may think proper to import spirits in to this Colony in any quantity from and after the thirty-first day of December, one thousand eight hundred and thirteen. And lastly, for the true performance of the several matters and things in these presents contained on the part of the said contracting

parties, according to the true, fair, and equitable meaning and construction thereof, they, the said Garnham Blaxcell, Alexander Riley, and D'Arcy Wentworth, Esquires, for themselves, their heirs, executors, and administrators, bind themselves unto the said William Broughton, his successor or successors in office, in the penal sum of ten thousand pounds sterling, to be forfeited by the said contracting parties and levied by warrant of execution against their goods, chattels, estates, and effects, in case default is made on their parts in the several matters and things in these presents contained and set forth, or any of them, by which the tenor or obligation of this contract is departed from or violated, without the right of appeal, or assigning, or attempting to assign any error or cause or causes of error in the premises.

A penalty
bond.

In witness whereof the said parties to these presents
have hereunto set their hands and seals the
day and year first herein written.

WILLIAM BROUGHTON,

Sealed and Delivered
(no stamp being used
in this settlement) in
the presence of—

Act'g-Commissary.

G. BLAXCELL.

ALEX'R RILEY.

D. WENTWORTH.

H. C. ANTILL.

T. S. CLEAVELAND.

Approved,

L. MACQUARIE.

NOTE.—No. 1 referred to above are the plan and elevation facing pages 32 and 20 respectively.

Appendix B—continued.

No. 2.

REFERRED TO IN THE INDENTURE ANNEXED.

ESTIMATE of Spirits to be allowed annually to the following persons at the Government Price (adding the Duty), on the arrival of vessels with Spirits as heretofore, viz.:—

	gallons.
Seventy Officers, Civil and Military, at fifty Gallons each	3,500
Thirty Gentlemen Settlers, at fifty Gallons each ...	1,500
Thirty Publicans, at thirty Gallons each	900
Thirty Superintendents and Store Keepers, at twenty Gallons each	600
One Hundred Constables, Overseers, and Clerks, at ten Gallons each	1,000
Seventy-five Settlers of first-class, at ten Gallons each	700*
Two Hundred free Settlers of second-class, at five Gallons each	1,000
Gallons	9,200
Sixty Serjeants, at five Gallons each	300
Total gallons	9,500

MEMORANDUM.—It is to be clearly understood that the quantity of Spirits which are already allowed to be imported by Messrs. Campbell & Co., for their Fishing and other Concerns, amounting to Ten thousand Gallons; to Lord & Co., 10,000 Gallons, and 7,500 Gallons—in all Seventeen thousand five hundred Gallons; and the quantity of Six Casks to Mr. Thomas Kent, which quantity in Gallons cannot now be ascertained, are to be exempted from all claims of the contracting Parties, being already granted for the private advantage of the above Individuals. But all other quantities of Spirits, which may be imported by the above Persons, or any others, before the 31st December, 1813 (thirteen), shall be disposed of to the Contractors at the Government price or otherwise it will not be permitted to be landed.

Sydney, 6 November,
1810 (ten).
In the presence of—
H. C. ANTILL.
T. S. CLEAVELAND.

{ WILLIAM BROUGHTON,
Actg. Comy.
G. BLAXCELL,
ALEXN. RILEY.
D. WENTWORTH.

Approved, L. MACQUARIE.

* A mistake in original,

*Appendix B—continued.*DIRECTIONS FOR FINISHING CERTAIN PARTS OF THE
GENERAL HOSPITAL AND QUARTERS OF MEDICAL
OFFICERS.

The Outside Doors to be raised Pannels two inches, Jamb linings with double Architraves.

The inside Doors to be two inches thick flat Pannels with mouldings on the frames and an Astragal on the Pannel, framed Jamb linings, double architraves inside and out, and soffits, locks, &c., to be clearly understood.

All the Doors for the Officers' Quarters and the Hospital to be the same as those now described. The Windows in the Officers' Quarters to be with recesses down to the floor, framed backs, elbows, frame Jamb linings, and Soffits, with inside pannelled Shutters, and double Architraves to correspond with the doors.

The Windows in the Hospital may do without Recesses, but they would look much better with them. They are, however, to be finished in every other respect exactly the same as those above described.

Grounds as to be left for the Base and Surbase in order to receive the Plaister. The Surbase to have a double Moulding top and bottom, and the Skirting to have a bold Moulding.

There must be a bold plaster Cornice round each of the Halls, Rooms, and Wards, as well as in the Hospital and Officers' Quarters, and an appropriate Ornament over where the Lamps are to be hung in the Halls, &c.

All the Hall and Lobby Doors are to have fanlights, the Lobby Doors in the Officers' Quarters to have half-glazed Doors.

Suitable partitions must be put up in the Officers' Quarters.

The Cellars to be made deeper, and better aired and lighted.

The Fireplaces in the Hospital Kitchens to be at least Six feet wide, with turned Arches. There ought also to be places for setting Copper Boilers distinct from the Fireplaces, for a variety of purposes too obvious to require explanation.

The Fireplaces in the Kitchens belonging to the Quarters are to be also Six feet wide and arched.

The Kitchens are badly lighted.

There ought to be Harness Rooms to the Stables and Coach Houses, without which they are incomplete.

The drains to be particularly attended to.

Government House,
Sydney, 29th March, 1813.

L. MACQUARIE.

Appendix D.

OFFICERS OF SYDNEY INFIRMARY OR SYDNEY HOSPITAL.

Presidents :

HON. ALEXANDER MACLEAY, 1845-1848.
HON. SIR E. DEAS THOMSON, 1849-1879.
SIR ARTHUR RENWICK, M.D., 1880-1908.
JOHN POPE, 1909 (still in office).

Vice-Presidents :

REV. WM. COWPER, D.D., 1845-1846.
SIR E. DEAS THOMSON, 1847-1848.
CAPTAIN DUMARESQU, 1849-1868.
HON. GEORGE ALLEN, 1861-1877.
REV. ROBERT ROSS, M.D., 1861-1863.
M. MORIARTY, M.D., 1864.
VEN. ARCHDEACON McENCROE, 1864-1868.
REV. CANON STEPHEN, 1869-1884.
E. W. CAMERON, 1871-1876.
SIR ARTHUR RENWICK, M.D., 1878-1879.
JOHN R. STREET, 1880-1891.
JOHN POPE, 1885-1908.
MICHAEL CHAPMAN, 1892-1906.
SIR MATTHEW HARRIS, 1907 (still in office).
WM. CHISHOLM, 1909 (still in office).

Hon. Treasurers :

THOMAS WOOLLEY, 1845-1855.
W. STUART MONTRY, 1856-1858.
E. W. CAMERON, 1859-1865.
JOHN SMITH, 1866-1867.
JOHN R. STREET, 1868-1879.
JOHN ALGER, 1880-1882.
JOHN POPE, 1883-1884.
SYDNEY BURDEKIN, 1885-1891.
JAMES EWAN, 1892-1900.
DAVID FELL, 1901 (still in office).

Hon. Secretaries :

REV. JOHN MCGARVIE, D.D., 1845-1853.
REV. ROBERT ROSS, M.D., 1854.
REV. ALFRED STEPHEN, B.A., 1855-1858.
REV. JOHN DOUGALL, 1859-1866.
M. H. STEPHEN, 1859-1866, 1868-1873.
ALEX. DICK, 1867.
JOHN E. MANNING, 1867-1870.
REV. R. LEWERS, 1871-1873.

After 1858 two Secretaries were appointed, and in 1874 the office was abolished.

MEDICAL OFFICERS.

Hon. Consulting Physicians :

- JOHN MACFARLANE, M.D., M.L.C., 1866-1873.
 J. C. COX, M.D., F.R.C.S., Edin., 1873-1876, 1880-1911.
 H. G. ALLEYNE, M.D., 1875-1882.
 SIR A. RENWICK, M.D., F.R.C.S. Edin., 1876-1908.
 F. H. QUAIFFE, M.D., 1879-1911.
 SIR NORMAND MACLAURIN, M.A., M.D., LL.D., 1884-1911.
 W. W. J. O'REILLY, M.D., M.R.C.S.E., 1884, 1889-1911.

Hon. Consulting Surgeons :

- CHARLES NATHAN, F.R.C.S., 1866-1872.
 SIR ALFRED ROBERTS, M.R.C.S., 1873-1897.
 SIR P. SYDNEY JONES, M.D., F.R.C.S., 1873-1911.
 CHAS. MCKAY, M.D., L.R.C.S., 1874-1896.
 ED. BEDFORD, F.R.C.S., 1874-1875.
 GEO. MARSHALL, M.D., 1884-1888.
 H. J. TARRANT, L.R.C.P., 1889-1890.
 CRAIG DIXSON, M.D., F.R.C.S., 1891-1894.
 W. H. GOODE, M.A., M.D., Ch.M., 1903.

Hon. Physicians :

- JOHN MACFARLANE, M.D., M.L.C., 1845-1865.
 GEO. FULLERTON, M.D., 1845-1847.
 FK. MACKELLAR, M.D., 1848.
 H. G. DOUGLASS, M.D., 1849-1854.
 H. G. ALLEYNE, M.D., 1855-1873.
 OWEN G. WILLIAMS, M.D., 1855-1860.
 B. O'BRIEN, M.D., 1861-1862.
 J. C. COX, M.D., 1862-1872.
 R. BOWMAN, M.D., F.R.C.P.E., 1863-1865.
 A. M. BROWN, M.D., 1866-1870.
 SIR ARTHUR RENWICK, M.D., 1866-1875.
 F. H. QUAIFFE, M.D., F.R.C.S.E., 1871-1878.
 SIR NORMAND MACLAURIN, M.D., &c., 1873 and 1883.
 T. H. GILLMAN, M.D., 1874-1877.
 A. HOUSON, M.D., 1874-1878.
 W. W. J. O'REILLY, M.D., 1876-1883, 1885-1888.
 T. B. BELGRAVE, M.D., 1878-1882.
 A. A. WEST, M.D., 1879-1881.
 CRAIG DIXSON, M.D., 1879-1884.
 C. K. MACKELLAR, M.B., Ch.M., 1882.
 G. J. RENWICK, M.D., C.M., 1883-1884.
 C. D. CLARK, M.B., 1884-1887.
 FREDK. ASHWELL, M.B., 1884-1888.
 F. H. KYNGDON, M.D., 1885-1888.
 A. WATSON MUNRO, M.B., M.S., 1888-1891.
 T. STORIE DIXSON, M.B., M.S., 1889-1909.
 GEO. HURST, M.B., M.S., 1889.
 W. C. WILKINSON, M.D., 1889.
 T. J. PICKBURN, M.D., M.S., 1890-1891.
 L. R. HUNTABLE, M.B., M.S., 1890-1895.

Hon. Physicians (continued):

- SYD. JAMIESON, M.B., M.S., 1892-1911.
 E. J. JENKINS, M.B., 1892-1911.
 A. JARVIE HOOD, M.B., 1892-1911.
 J. MACDONALD GILL, M.D., M.R.C.S., 1910-1911.

Hon. Surgeons :

- CHARLES NATHAN, F.R.C.S., 1845-1865.
 FARQUHAR MACCRAE, M.D., 1845-1846.
 D. M. McEWAN, M.D., 1847-1859.
 SIR ALFRED ROBERTS, M.R.C.S., 1855-1870.
 JAMES ROBERTSON, 1860-1862.
 SIR P. SYDNEY JONES, F.R.C.S., 1862-1872.
 CHAS. MCKAY, L.R.C.S., 1863-1873.
 ED. BEDFORD, F.R.C.S., 1866-1873.
 G. FORTESCUE, M.B., F.R.C.S., 1871-1874.
 C. K. MACKELLAR, M.B., Ch.M., 1873-1876.
 SIR NORMAND MACLAURIN, M.D., &c., 1874-1882.
 W. W. SPENCER, M.R.C.S., 1874-1876.
 GEO. MARSHALL, M.D., 1875-1883.
 COSBY W. MORGAN, M.D., M.R.C.S., 1877.
 J. C. COX, M.D., 1877-1879.
 T. C. MORGAN, L.R.C.S., 1878-1882.
 HARMAN J. TARRANT, L.R.C.P., 1880-1888 and 1891-1894.
 A. J. BRADY, L.R.C.S.I., 1883-1884.
 MARK W. TRAILL, M.R.C.S., 1883.
 J. M. CREED, M.R.C.S., L.R.C.P., 1884.
 G. P. M. WOODWARD, F.R.C.S.I., 1884-1889.
 CRAIG DIXSON, M.D., 1885-1886 and 1888-1890.
 P. MUSKETT, L.R.C.S., 1885-1887.
 M. J. O'CONNOR, L.R.C.S.I., 1887-1893.
 A. MACCORMICK, F.R.C.S., 1889-1890 and 1893-1897.
 W. H. GOODE, M.D., 1890-1902.
 HENRY A. ELLIS, M.B., Ch.B., 1891-1892.
 THOS. FIASCHI, M.D., 1894-1896 and 1898-1911.
 WM. CHISHOLM, M.D., 1895-1911.
 R. STARR BOWKER, M.R.C.S., 1897-1911.
 H. L. MAITLAND, M.B., Ch.M., 1903-1911.

OFFICERS OF THE SPECIAL DEPARTMENTS.

Ophthalmic :

- T. CECIL MORGAN, L.R.C.S., 1879-1885.
 THOS. EVANS*, M.R.C.S., 1879-1903.
 W. ODILLO MAHER,† M.D., 1886-1908.
 ROLAND POPE, M.D., F.R.C.S., Ed., 1893-1911.
 C. GORDON MACLEOD, M.D., C.M., 1895-1911.
 R. H. JONES, M.B., B.S., 1904-1911.
 CYRIL SHEPHERD, M.R.C.S., 1909-1911.
 E. A. D'OMBRAIN, M.B., 1910-1911.
 A. G. CORBIN, M.B., Ch.M., 1910-1911.

* Appointed Hon. Consultant, 1904.

† Appointed Hon. Consultant, 1909.

Gynæcological :

- G. P. M. WOODWARD, M.D., Brux., 1885.
 P. MUSKETT, L.R.C.S., Edin., 1885.
 THOS. CHAMBERS, M.R.C.S.E., 1886-1896.
 R. WORRALL, M.D., 1886-1911.
 GEO. ARMSTRONG, M.B., Ch.M., 1897-1911.
 C. V. BOWKER, M.B., Ch.M., 1902-1911.

Aural :

- A. J. BRADY, L.R.C.S.I., L.K.Q.C.I., 1885-1911.
 W. C. WILKINSON, M.D., 1886-1901.
 T. S. KIRKLAND, M.B., M.S., 1897-1911.
 P. J. KENNA, M.B., M.S., 1902-1911.
 R. ARTHUR, M.D., 1902-1911.

Pathological :

- W. C. WILKINSON, M.D., 1888.
 GEO. RENNIE, M.D., 1889-1892.
 SYDNEY JAMIESON, M.B., Ch.M., 1892-1911
 C. E. CORLETTE, M.D., Ch.M., 1900-1911.
 A. E. FINCKH, M.B., Ch.M., 1908-1911.

Dermatological :

- W. C. WILKINSON, M.D., 1891-1894.
 F. A. BENNET, M.D., Ch.M., 1895-1898.
 W. McMURRAY, M.D., Ch.M., 1899-1911.
 LANGLOH JOHNSTON, M.B., Ch.M., 1911.

Resident Medical Officers, 1845-1888:

- HUGH HOUSTON, 1845-1866.
 J. H. GRAY, 1867.
 J. M. CREED, M.D., 1867.
 W. J. G. BEDFORD, M.D., 1868.
 R. SCHUETTE, M.D., 1868-1869.
 J. DE LEON, M.R.C.S., 1869.
 CHAS. JOHNSON, M.B., 1870.
 THOS. B. ASHWORTH, M.B., 1870.
 JAMES MARKEY, L.R.C.S.I., 1871-1872.
 T. M. JOSEPH, L.R.C.P., M.R.C.S., 1871.
 H. W. BUBB, M.D., 1872.
 L. J. HALKET, L.R.C.P., 1873-1875.
 T. H. GILLMAN, M.D., C.M., 1873.
 ANDREW BRADY, L.R.C.S.I., 1874-1876.
 R. H. BENNETT, 1876.
 R. FREAN, M.R.C.S., 1877-1879.
 C. G. W. MARSDEN, M.B., 1877-1879.
 H. BLAXLAND, M.R.C.S., 1879.
 A. J. VAUSE, M.B., C.M., 1880.
 THOS. HASTIE, M.B., C.M., 1880.
 THOS. BROWNE, L.F.P.S., 1880.
 M. W. TRAILL, L.R.C.P., M.R.C.S., 1881.
 J. E. MOFFITT, L.R.C.S.I., 1881.

Resident Medical Officers—continued.

W. C. WILLIAMSON, M.D., 1881.
 H. SINCLAIR, M.D., 1882-1883.
 G. PROUDFOOT, M.D., 1882.
 G. E. TWYNAM, M.R.C.S., 1882.
 P. E. MUSKETT, L.R.C.P. and S., 1883.
 P. E. SHEARMAN, L.R.C.P., M.R.C.S., 1883.
 JAMES BRUCE, 1884.
 W. H. CUTTS, M.B., 1884.
 C. W. PARDEY, M.B., 1884.
 R. WESTRUM, Univ. Mun., 1885-1887.
 G. LLOYD-APJOHN, M.B., 1885.
 S. LOWES, M.B., 1885-1886.
 W. J. MUNRO, M.B., 1886.
 CALEB TERREY, M.B., 1886.
 T. CARSON FISHER, M.D., 1887-1888.
 W. R. CLAY, M.R.C.S., 1887.
 D. GWYNNE-HUGHES, L.R.C.P. and S., 1888.
 T. J. HENRY, L.R.C.P. and S., 1888.

Medical Superintendents :

WALTER HULL, M.D. and L.R.C.P., Lond., 1888-1892.
 GEORGE ARMSTRONG, 1893-1895.
 E. H. BINNEY, 1896-1897.
 W. C. McCLELLAND, 1898-1900.
 C. V. BOWKER, 1901-1902.
 A. G. CORBIN, 1903-1906.
 H. S. MARSH, 1907-1908.
 A. J. ASPINALL, 1909 (still in office).

Senior Resident Medical Officers :

H. L. MAITLAND, 1893.	A. VERGE, 1906.
CYRIL E. CORLETTE, 1894.	G. BELL, 1907.
E. H. BINNEY, 1895.	J. G. W. HILL, 1907.
M. VEECH, 1896.	A. J. ASPINALL, 1908.
W. C. McCLELLAND, 1897.	W. J. BINNS, 1908.
L. H. L. HARRIS, 1898-1899.	J. E. EDWARDS, 1909.
H. S. STACY, 1900.	H. J. RITCHIE, 1909.
A. G. CORBIN, 1901-1902.	R. S. CANDLISH, 1910.
D. A. CAMERON, 1902.	W. E. GRIGOR, 1910.
E. W. L. COMBES, 1903.	E. L. PARRY, 1911.
F. S. TANGE, 1903.	H. R. BEATTY, 1911.
THEODORE AMBROSE, 1904.	A. D. BARTON, 1911.
H. S. MARSH, 1904-1906.	L. W. DUNLOP, 1911.
F. C. ADAMS, 1904-1905.	

Resident Pathologists :

G. FORD RUTTER, 1896-1897.	G. G. SHARP, 1905.
W. C. McCLELLAND, 1897.	ALFRED FINCKH, 1906.
J. L. T. ISBISTER, 1898-1899.	A. J. ASPINALL, 1907.
C. V. BOWKER, 1899-1900.	F. O. STOKES, 1908.
H. S. STACY, 1901.	A. E. COLVIN, 1909.
F. G. GRIFFITHS, 1902.	E. W. FERGUSON, 1910.
THEODORE AMBROSE, 1903.	ELIZABETH HAMILTON-
J. M. THOMSON, 1904.	BROWNE, 1911.

Resident Skiagraphist :

J. G. W. HILL, 1907.	E. L. PARRY, 1910.
J. G. EDWARDS, 1908-1909.	L. W. DUNLOP, 1911.

Resident Registrar :

R. J. FURBER, 1909.	H. R. BEATTY, 1911.
W. E. GRIGOR, 1910.	A. D. BARTON, 1911.

Matrons :

MRS. BAXTER, 1845-1851.	MISS MCKAY, 1885-1891.
MRS. GHOST, 1852-1866.	MISS N. GOULD, 1892-1898.
MRS. BLAKE, 1867.	MISS ROSE CREAL, 1899-1911.
MISS OSBURN, 1868-1884.*	

Resident Medical Officers, 1889-1911 :

A. G. HENRY, 1889.	C. S. WILLIS, 1899.
T. F. WADE, 1889-1890.	C. V. BOWKER, 1898-1899.
L. G. DAVIDSON, 1889-1891.	H. S. STACY, 1898-1899.
P. J. KELLY, 1890.	H. BUSBY, 1900.
P. L. TOWNLEY, 1891.	H. G. HOLMES, 1900.
L. DAVIES, 1891.	A. G. CORBIN, 1900.
G. ARMSTRONG, 1892.	J. MACKENZIE, 1900.
C. E. CORLETTE, 1892-1893.	G. G. OLD, 1900.
H. L. MAITLAND, 1892.	F. W. WEST, 1900.
W. J. SHIRLOW, 1893.	H. C. M. DELOHERY, 1900.
E. H. BINNEY, 1894.	D. A. CAMERON, 1901.
J. O. HENRY, 1894.	F. G. GRIFFITHS, 1901.
R. R. S. MACKINNON, 1894-1895.	B. L. HART, 1901.
M. VEECH, 1894-1895.	A. C. HOLT, 1901.
E. J. S. SPARK, 1895.	R. W. MCCREDIE, 1901.
G. FORD RUTTER, 1895.	V. W. SAVAGE, 1901.
W. A. FORSYTH, 1896.	R. C. H. FORSTER, 1901.
A. KETHEL, 1896.	W. T. J. NEWTON, 1901.
S. SHELTON, 1896.	F. WEBB, 1901.
CHARLES MACLAURIN, 1896.	THEODORE AMBROSE, 1902.
W. C. MCCLELLAND, 1896.	H. M. ANDERSON, 1902.
L. H. L. HARRIS, 1896.	G. W. L. COMBES, 1902.
L. B. LANCASTER, 1897.	W. A. R. SHARP, 1902.
E. H. BARNES, 1897.	WILLIAM SELDON, 1902.
J. L. T. ISBISTER, 1897.	F. S. TANGE, 1902.
H. TERRY, 1897.	P. N. AIKEN, 1903.
W. H. HARRIS, 1897.	A. J. CORFE, 1903.
H. Z. THROSBY, 1898.	H. S. MARSH, 1903.
H. R. COPE, 1898.	J. M. THOMSON, 1903.
W. H. READ, 1898.	L. J. ROBERTSON, 1903.
H. SHELTON, 1898.	R. A. P. WAUGH, 1903.
H. J. W. BRENNAND, 1899.	L. W. BOND, 1904.
W. D. CARGILL, 1899.	M. M. VERNON, 1904.
D. A. D. MACMASTER, 1899.	F. C. ADAMS, 1904.
	G. G. SHARP, 1904.

* Official title, Lady Superintendent.

Resident Medical Officers—continued.

H. F. SADLER, 1904.	H. J. RITCHIE, 1908.
E. NEWMAN, 1904.	H. ARCHDALL, 1908.
F. G. M. SIMPSON, 1905.	F. W. D. COLLIER, 1908.
J. W. POWER, 1905.	T. C. ROGERS, 1908.
S. KAY, 1905.	G. M. BARRON, 1909.
G. A. R. BLIGH, 1905.	W. E. GRIGOR, 1909.
A. VERGE, 1905.	R. S. CANDLISH, 1909.
A. E. FINCKH, 1905.	E. W. FERGUSON, 1909.
W. C. MANSFIELD, 1905.	H. G. ALLEN, 1909.
G. BELL, 1906.	E. L. PARRY, 1909.
W. T. QUAIFFE, 1906.	K. A. GOLLEDGE, 1909.
C. R. PALMER, 1906.	ELIZABETH HAMILTON-
J. G. W. HILL, 1906.	BROWNE, 1910.
S. H. HARRIS, 1906.	LILIAN A. MACLEAN, 1910.
T. L. O'REILLY, 1906.	H. T. MARSH, 1910.
A. J. ASPINALL, 1906.	H. R. BEATTY, 1910.
F. O. STOKES, 1907.	L. R. PARKER, 1910.
A. P. GILLESPIE, 1907.	A. D. BARTON, 1910.
J. L. SHELLSHEAR, 1907.	L. W. DUNLOP, 1910.
J. G. EDWARDS, 1907.	H. K. WARD, 1911.
W. J. BINNS, 1907.	A. W. HOLMES A'COURT' 1911
O. E. B. WITHERS, 1907.	A. W. MACINTOSH, 1911.
G. W. PAUL, 1907.	B. J. M. HARRISON, 1911.
R. J. FURBER, 1908.	W. W. MARTIN, 1911.
A. E. COLVIN, 1908.	E. G. THOMSON, 1911.
W. E. GIBLIN, 1908.	C. W. MACARTNEY, 1911.



Appendix E.

BENEFACTORS OF £50 OR UPWARDS.

			£	s.	d.		
A FRIEND, per F. H. Dangar ...	...	1885	...	97	14 1	
ABBOTT, Mrs. G. L. W. ...	...	1895	...	120	0 0	
ALLEN, the late Hon. GEORGE ...	...	1878	...	100	0 0	
ALEXANDER, the late MAURICE ...	...	1874	...	100	0...0	
ALSTON, the late THOMAS...	...	1889	...	150	0 0		
ANONYMOUS ...	...	1897	...	100	0 0	
ANONYMOUS (per Minter, Simpson & Co.)	{	1908	...	51	19 2		
		1909	...	200	0 0		
		1909	...	105	0 0		
AUSTRALIAN STEAM NAVIGATION Co.	1895, 1897,	£149 4s. 11d. £67 7s. 6d.	{	216	12 5		
ANCIENT ORDER DRUIDS' Art Union ...	1897	...		50	0 0		
AUSTRALIAN NATIVES' ASSOCIATION, Melbourne ...	...	1897	...	50	0 0	
BAIRD, the late JOHN ...	{	1896,	£500	{	930		
		1897,	£260 8s.			8	
		1898,	£100				0
		1905,	£70				
Share of Coronation and Peace Offering from the Banks (Bank of N.S.W., £250; Commercial Banking Co. of Sydney, £250; City Bank, £50; Queensland National Bank, £10; Bank of North Queensland, £10)...							
BELL, the late HENRY ...	...	1902	...	160	0 0	
BENJAMIN, the late MARCUS ...	...	1881	...	100	0 0	
BENNETT, the late Mrs. ELIZA ...	...	1907	...	50	0 0	
BENNETT, the late EDWARD ...	{	1886,	£1,600	2,300	0 0		
		1889,	£700				
BIRNIE, the late Mrs. ...	...	1852	...	100	0 0	
BOARD, the late GREGORY ...	...	1883	...	500	0 0	
BOHLSSEN, MARGARET ...	...	1909	...	203	9 0	
BOWN, the late CHARLES ...	...	1896	...	250	0 0	
BRADBRIDGE, the late J. T. ...	...	1898	...	211	9 4	
BRUNTON, WALTER ...	...	1909	...	105	0 0	
BRUNTON, JOHN S. ...	...	1909	...	50	0 0	
BUHROW, FRAU ...	{	1901,	£50	116	11 8		
		1906,	£66 11s. 8d.				
BURN, the late Captain JAMES...	...	1875	...	200	0 0		
BURNS, the late HENRY ...	...	1889	...	50	0 0	
CAIN, WILLIAM ...	...	1882	...	56	6 10	
CAMPBELL, W. B. ...	...	1876	...	100	10 11	
CAMPBELL, the late Mrs. ...	...	1864	...	100	0 0	
CARGILL, Mrs. JESSIE (D Ward and Nightingale Home)	1890 and	1896	...	1,110	12 10		
CARR, the late JOHN ...	...	1881	...	100	0 0	
CENTRAL BROKEN HILL SILVER MINING Co. ...							
...	...	1897	...	75	0 0		
CHARLEY, PHILIP ...	{	1890,	£100	200	0 0		
		1891,	£100				
CHILDS, HENRY ...	...	1892	...	50	0 0	

					£	s.	d.
CLIFFORD, the late P.	...	...	...	1866	...	100	0 0
COCKS, the late W. H.	...	...	...	1897	...	100	0 0
COMINO, JOHN	...	...	...	1909	...	50	0 0
COOPER, the late SIR DANIEL, Bart.	...	...	...	{ 1856	...	105	0 0
				{ 1904	...	500	0 0
COOTE, E. J.	...	...	...	1909	...	50	0 0
CORMACK, W.	...	...	...	1889	...	50	0 0
CRANE, the late G. E.	...	...	...	1906	...	150	0 0
CUMMINS, T. J.	...	...	...	1893	...	50	0 0
"DAILY TELEGRAPH" Public Sub-							
scriptions towards Radium Fund	1910	...			849	7	10
DANGAR, the late WILLIAM	...	...	...	1868	...	500	0 0
DANGAR, the late MRS. GRACE	...	...	...	1868	...	100	0 0
DALE, the late WILLIAM	...	...	...	1878	...	100	0 0
DAVY, the late MRS. JANE	...	...	...	{ 1904, £100	...	200	0 0
				{ 1908, £100	...		
DIBBS, T.A.	...	...	...	1910	...	1,000	0 0
DICK, the Late ALEX.	...	...	...	1899	...	59	2 8
				{ 1881, £50	...		
DIXSON, HUGH	...	...	...	{ 1900, £50	...	150	0 0
				{ 1908, £50	...		
DIXSON, Mrs. HUGH	...	...	...	1900	...	50	0 0
DOLE, the late JOSEPH	...	...	...	1884	...	100	0 0
DUMARESQ, the late W.	...	...	...	1868	...	100	0 0
DUNLOP, the late WM. PHILLIP	...	...	...	1907	...	50	0 0
EDINBURGH, H.R.H. the Duke of	...	...	...	1868	...	100	13 4
ELLIS, the late EYRE G.	...	...	...	1893	...	100	0 0
EWAN, JAMES, the late	...	...	...	{ 1877	...	50	0 0
				{ 1902	...	50	0 0
EWAN, JAMES, & GRIFFITHS, G. N.,							
Mesdames (E & F Wards)...	...	...	...	1891	...	226	1 0
EWAN, the late Dr. FRAZER	...	...	...	1888	...	100	0 0
FAIRFAX, Sir JAMES R.	...	...	...	1880	...	50	0 0
FARMER, the late JOSEPH	...	...	...	1891	...	90	0 0
FAWL, the late B.	...	...	...	1870	...	50	0 0
FISHER, the late THOMAS	...	...	...	1885	...	100	0 0
FITZGERALD, the late THOMAS	...	...	...	1873	...	100	0 0
FITZGERALD, Estate R. M.	...	...	...	1910	...	900	0 0
FLANAGAN, the late MICHAEL	...	...	...	1889	...	100	0 0
FLANAGAN, the late CATHERINE	...	...	...	1889	...	100	0 0
FLAVELLE, the late ADAM GUY	{ 1902, £1,000	—					
	{ 1903, £1,800	—					
	{ 1904, £239 6s. 7d.				3,039	6	7
FORSYTH, ARCHIBALD, the late	...	...	...	—	...	100	0 0
FOX, the late W. H.	...	...	...	1869	...	50	0 0
FOX, the late Mrs.	...	...	...	1890	...	500	0 0
FRAZER, the late MRS. ANN	...	...	...	1900	...	100	0 0
FRAZER, Hon. JOHN, M.L.C., the late	...	...	...	{ 1881, £100	...	350	0 0
				{ 1884, £250	...		
FRAZER, EWAN R.	...	...	...	1899	...	50	0 0
				1893	...	50	0 0
				1894	...	50	0 0
FRIENDLY SOCIETIES' HOSPITAL SUNDAY	{ 1895	...			50	0 0	
	{ 1896	...			50	0 0	
	{ 1898	...			50	0 0	

				£	s.	d.
FUSEDAL, the late Mrs.	...	...	1893	...	50	0 0
GARRICK, A. C.	...	...	1896	...	50	0 0
GHOST, the late Mrs.	...	...	1866	...	100	0 0
GILCHRIST, the late JOHN	...	...	1865	...	250	0 0
GILCHRIST, W. O.	...	...	1874	...	100	0 0
GILLESPIE, the late ALEXANDER	...	...	1905	...	100	0 0
GOLLIN, GEORGE...	...	...	1902	...	100	0 0
GOMM, the late HENRY	...	...	1884	...	252	0 0
GORDON, the late Hon. S. D.	...	...	1882	...	100	0 0
GORMLEY, the late FRANCIS	...	...	1905	...	50	0 0
GRAHAM, the late Rev. JOHN	...	...	1869	...	50	17 6
GRAHAME, the late WILLIAM	...	...	1891	...	100	0 0
GRAY, the late Mrs. H. H.	...	...	1894	...	100	0 0
GRIFFITHS, the late RICHARD	...	...	1892	...	500	0 0
GRIMLEY, FRANK	...	...	1895	...	50	0 0
GROSE, the late Mrs.	...	{ 1894, £1,600 1897, £150 1899, £250 1900, £341 10s. 7d. }		2,341	10	7
HALL, WALTER R.	...	...	1889	...	62	10 0
HAMPTON, the late JOHN	...	...	1875	...	172	5 0
HARRISON, the late J. S.	...	...	1906	...	60	5 5
HAWKINS, the late GEORGE	...	{ 1895, £1,000 1897, £733 17s. }		1,733	17	0
HENDERSON, the late ALEX- ANDER McLEAN	...	{ 1888, £100 1892, £150 1897, £55 12s. 6d. }		305	12	6
HINCHCLIFFE, the late ANDREW	...	...	1882	...	100	0 0
HOGAN, the late Alderman	...	...	1860	...	200	0 0
HOLMES, the late E. B.	...	...	1907	...	431	14 6
HOP SING TONG SOCIETY	...	...	1905	...	105	0 0
HORDERN, the late LEBBEUS	...	...	1882	...	250	0 0
HORDERN, the late SAMUEL	...	...	1903	...	105	0 0
HOSPITAL BAZAAR and VILLAGE FAIR			1889	...	933	6 2
			1894	...	553	16 10
			1895	...	1,000	0 0
			1896	...	1,050	0 0
			1897	...	965	0 0
			1898	...	698	16 0
			1899	...	850	0 0
			1900	...	950	0 0
			1901	...	950	0 0
HOSPITAL SATURDAY FUND	...	...	1902	...	945	0 0
			1903	...	950	0 0
			1904	...	925	0 0
			1905	...	875	0 0
			1906	...	1,000	0 0
			1907	...	1,025	0 0
			1908	...	1,125	0 0
			1909	...	1,250	0 0
			1910	...	1,300	0 0
HOIRIGAN, the late JOHN	...	...	1882	...	50	0 0
HUGHES, the late Mrs. VAUGHAN	...	...	1895	...	1,000	0 0
HULL, the late WILLIAM	...	...	1848	...	100	0 0
HUTCHINSON, the late W.	...	...	1848	...	100	0 0

				£	s.	d.
JAQUES, A. E. ...	...	...	1909 ...	50	0	0
JOHNSON, JAMES...	...	...	{ 1879 £50 }	100	0	0
	...	...	{ 1906 £50 }			
JONES, the late F. ...	...	...	{ 1861 £3,075 }	3,612	10	0
	...	...	{ 1863 £537 10s. }			
JONES, the Hon. RICHARD ...	...	...	1879 ...	100	0	0
JOSEPHSON, ISAAC J., the late...	...	...	{ 1881 £50 }	150	0	0
	...	...	{ 1897 £100 }			
KEELE, the late WILLIAM ...	...	...	1870 ...	200	0	0
KELLETT, the late Mrs. ...	...	...	1888 ...	50	0	0
KEMP, the late CHARLES ...	...	...	1852 ...	100	0	0
KISS, GEORGE GRIERSON ...	...	...	1907 ...	50	0	0
KILLOP, JEMIMA ...	...	...	1910 ...	50	0	0
LEE, JOHN JAMES, the late ...	...	...	1908 ...	250	0	0
LEONARD, the late Very Rev. Dean T. S.	...	...	1889 ...	100	0	0
LEVY, the late Hon. LEWIS WOLFF ...	...	...	1885 ...	500	0	0
LEVY, the late MONTAGU ...	...	...	1885 ...	50	0	0
LONG, the late WILLIAM...	...	...	1876 ...	100	0	0
MACLEAY, the late Sir WILLIAM ...	...	...	1904 ...	2,000	0	0
MAGUIRE, the late THOMAS ...	...	...	{ 1883. £100 }	350	0	0
	...	...	{ 1886, £250 }			
MANSON, the late W. ...	...	...	1868 ...	1,000	0	0
MARGOSCHIS, M. S. A. ...	...	...	1909 ...	100	0	0
MARSHALL, Mrs. JAMES J. ...	...	...	1897 ...	50	0	0
MARSHALL, JOHN ...	...	...	1886 ...	50	0	0
MELBA, NELLIE ...	...	...	1902 ...	100	0	0
MITCHELL, the late F. ...	...	...	1863 ...	200	0	0
MOFFITT, the late WILLIAM ...	...	...	1874 ...	250	0	0
MOORE, the late MARTHA ...	...	...	{ 1904, £30 }	100	0	0
	...	...	{ 1905, £70 }			
MOULTON, Mrs. (for Children's Ward, Moorcliff Branch) ...	...	...	1885 ...	153	0	0
MUIR, the late ROBERT...	...	...	1905 ...	200	0	0
MACDONALD, the late Mrs. SARAH ...	...	...	1888 ...	66	5	0
MCENCROE, the late Ven. Archdeacon	...	...	1868 ...	50	0	0
MCINTOSH, the late ALEXANDER ...	...	...	1902 ...	50	0	0
NEALE, the late J. T. ...	...	...	1898 ...	3,000	0	0
NEWCOMBE, W., J.P. ...	...	...	1910 ...	50	0	0
NORTON, the late Mrs. ANNE ...	...	...	1879 ...	200	0	0
NORTON, JOHN ...	...	...	1904 ...	50	0	0
N.S.W. PATRIOTIC FUND ...	...	...	1888 ...	300	0	0
OAKES, Hon. GEORGE, M.L.C., the late	...	...	1881 ...	50	0	0
OAKES, the late JAMES RICHARD ...	...	...	1885 ...	200	0	0
OATLEY, the late Mrs. ...	...	...	1884 ...	50	0	0
ON LEE, GEORGE ...	...	...	1875 ...	52	0	0
O'NEILL, the late W. P. ...	...	...	1895 ...	1,415	15	0
O'NEILL, the late PATRICK ...	...	...	1889 ...	320	3	11
O'REILLY, the late Rev. THOMAS ...	...	...	1869 ...	53	8	7
ORR, the late Mrs. ...	...	...	1886 ...	658	19	6
ORR, the late JAMES ...	...	...	1902 ...	250	0	0
PAXTON, the late JOSEPH ...	...	...	{ 1872, £50 }	150	0	0
	...	...	{ 1882, £100 }			
PERRY, Wm. ...	...	...	1883 ...	Land for Padding- ton Dis- pensary.		

			£	s.	d.
POOLE, the late WILLIAM THOMAS	...	1904	...	52	0 0
POPE, JOHN	...	1887	...	50	0 0
POPE, JOHN	...	1910	...	200	0 0
PUREFOY, W. A., the late Judge	...	1868	...	165	10 0
QUAIFE, Dr. F. H.	...	{ 1888, £52 } { 1898, £100 }	152	0 0	
RAYMOND, the late R. P.	...	1876	...	51	4 2
REDMAN, the late JOHN	...	1895	...	100	0 0
RENNY, the late WALTER	...	1885	...	100	0 0
RENWICK, Hon. Sir ARTHUR	...	1881	...	200	0 0
RILEY, the late FREDERICK	...	1905	...	95	4 4
ROBERTS, the late Mrs. Mary	...	{ 1868, £1,000 } { 1886, £20,000 } { 1887, £1,770 } { 1890, £708 }	23,478	0 0	
ROSENBERG, the late PHILLIP	...	{ 1904, £75 } { 1905, £75 }	150	0 0	
ROWE, the late THOMAS	...	1868	...	100	0 0
RUMFORD, Mr. and Mrs. KENNERLEY (CLARA BUTT)	...	1908	...	50	0 0
RUSSELL, the late Mrs. REBECCA	...	1899	...	1,438	10 4
SADLER, the late GEORGE	...	{ 1897, £160 } { 1898, £40 }	200	0 0	
SALOMONS, the Hon. Sir JULIAN	...	1894	...	50	0 0
SHAIRP, the late Miss	...	1886	...	50	0 0
SHERIDAN, R. N.	...	1892	...	50	0 0
SIMMONS, the late Mrs. A.	...	1890	...	100	0 0
SIMPSON, COLIN	...	1880	...	50	0 0
SKARRATT, C. C.	...	1888	...	50	0 0
SMITH, the late Captain CHARLES	...	1896	...	100	0 0
SOLOMON, the late JOHN	...	1889	...	68	13 0
SPARKE, the late W. E.	...	1905	...	500	0 0
STANDARD WAYGOOD, LTD	...	1909	...	50	0 0
		1901	...	50	0 0
		1902	...	36	19 7
		1903	...	50	3 5
St. JAMES' CHURCH—COLLECTION	...	{ 1904 } { 1905 } { 1906 } { 1907 } { 1908 }	30	3 1	
STARKEY, the late JOHN	...	1879	...	50	0 0
STEDMAN, JAMES	...	1894	...	50	0 0
STEWART, Miss NELLIE—Proceeds of Matinee Performance "Sweet Nell of Old Drury" towards Radium Fund	...	1910	...	1 400	1 0
STEWART, JOHN	...	1879	...	50	0 0
STEWART, JAMES	...	1879	...	50	0 0
STRUTH, the late JOHN	...	1886	...	100	0 0
SUMMERS, ANNE	...	1910	...	50	0 0
SWALLOW, the late J. W.	...	1899	...	50	0 0
TALBOT, the late Mrs. MARGUERITE	...	1895	...	100	0 0
TALBOT, the late PAUL	...	1890	...	100	0 0

			£	s.	d.
TATTERSALL'S CLUB	...	...	{ 1908 ...	50	0 0
			{ 1909 ...	50	0 0
			{ 1910 ...	50	0 0
TOOTH, the late F.	...	...	1894 ...	500	0 0
TYRE, the late Miss S. M. R.	...	...	1900 ...	110	4 7
VANDERKISTE, the late Rev. Mr.	...	...	1891 ...	60	0 0
VICKERY, the late EBENEZER	...	...	1906 ...	225	0 0
WAIT, the late HENRY	...	...	1900 ...	1,000	0 0
WALFORD, the late W. B.	...	...	{ 1899 £50 }	100	0 0
			{ 1900 £50 }		
WALLACE, the late WILLIAM	...	...	1894 ...	98	0 0
WALKER, the late P. B.	...	...	1879 ...	50	0 0
WALKER, the late THOMAS	...	...	{ 1867 £1,000 }	1,800	0 0
			{ 1882, £300 }		
			{ 1887, £500 }		
WARDLEY, the late Miss LYDIA	...	...	1885 ...	80	15 †
WATT, the late JOHN B.	...	...	{ 1896, £100 }	350	0 0
			{ 1898, £250 }		
WATT, WILLIAM HOLDEN, the late	...	...	{ 1908 ...	50	0 0
			{ 1909 ...	50	0 0
WENTWORTH, the late Hon. W. C.	...	...	1861 ...	200	0 0
WEST, the late Rev. J.	...	...	1863 ...	60	12 0
WEST, the late AMELIA	...	...	1907 ...	105	3 0
WHITE, the late Hon. R. H. D.	...	...	1888 ...	50	0 0
WHITE, the late FREDERICK ROBERT	...	...	1904 ...	1,000	0 0
WILFORD, the late Mrs.	...	...	1852 ...	50	0 0
WILLIAMS, the late R.	...	...	1863 ...	83	4 1
WILLIAMS, the late J.	...	...	1872 ...	100	0 0
WILSON, the late F.	...	...	1866 ...	50	0 0
WILSON, J. A.	...	...	1876 ...	50	0 0
WILSON AND CUNNINGHAME, per G. H. Martin	...	...	1902 ...	500	0 0
WILSON, LOUIS R.	...	...	1908 ...	50	0 0
WISEMAN, F. E.	...	...	1885 ...	50	0 0
WILSHIRE, J. T., the late	...	...	1910 ...	500	0 0
WOOD, the late J. A.	...	...	1876 ...	500	0 0
WOLFEN, the late W. —	...	...	1881 ...	50	0 0
WRIGHT, the late Miss M.	...	...	1890 ...	100	0 0
WYNNE, RICHARD, the late	...	...	1896 ...	95	0 0
YOUNG PEOPLE'S INDUSTRIAL EXHIBITION	...	...	1902 ...	150	0 0



Appendix F.

DIRECTORS OTHER THAN OFFICE BEARERS, 1846-1911.

- COL. T. SHADFORTH, 1846.
 W. HUTCHINSON, 1846.
 T. BROUGHTON, 1846-1849.
 T. COWLISHAW, 1846.
 J. HUME, 1846-1853.
 HON. GEO. ALLEN, 1846-1860.
 LANCELOT IREDALE, 1846-1848.
 H. MACDERMOTT, 1846-1847.
 REV. ROBERT ROSS, 1846-1853, 1855-1860.
 MOSES JOSEPH, 1846-1853, 1860.
 S. LYONS, 1846-1851.
 MERION MORIARTY, M.D., 1846-1856, 1861-1862.
 REV. CANON ALLWOOD, 1846, 1850-1851, 1856-1859.
 ROBT. HENDERSON, 1846.
 JOHN R. HOLDEN, 1846.
 T. W. BOWDEN, 1846-1848.
 VEN. JOHN MCENCROE, 1846-1858, 1861-1863.
 THOS. HYNDES, 1846, 1850-1855.
 CAPT. W. J. DUMARESQU, 1846-1848.
 JOHN BROWN, 1846-1847.
 J. H. CHALLIS, 1846-1849.
 FELIX WILSON, 1846-1851.
 REV. JAS. FULLERTON, LL.D., 1846-1848.
 T. W. SMART, 1846-1850.
 REV. J. C. GRYLLS, 1847.
 P. FRIELL, 1847.
 JOHN HENDERSON, 1847.
 JOHN GRAHAME, 1847.
 JOHN GILCHRIST, 1847-1849.
 J. N. SMITH, 1847-1848.
 JAMES MITCHELL, 1847-1854.
 G. A. LLOYD, 1848-1855.
 REV. W. B. BOYCE, 1848.
 JOHN FAIRFAX, 1848-1849, 1851-1852, 1854.
 W. MOIR, 1848-1849.
 E. HUNT, 1848-1851, 1853-1854.
 WM. MACPHERSON, 1848-1862.
 JOHN DUNSMURE, 1849-1850, 1853-1854, 1860-1862.
 G. P. F. GREGORY, 1849-1850.
 GEORGE MILLER, 1849-1854.
 ROBT. TOOTH, 1849.
 REV. W. H. WALSH, 1849, 1862-1866.
 JOHN WILLIAMS, 1849-1855.
 JOSEPH THOMPSON, SENR., 1850-1852.
 GEORGE HILL, 1850.
 WM. BROWN, 1850.
 JOHN SMITH, 1850-1865.
 SIR DANIEL COOPER, 1850, 1856.
 ALEXANDER LONGMORE, 1851.
 JAMES WRIGHT, 1851-1862.
 DAVID JONES, 1851-1854.
 STUART A. DONALDSON, 1851.
 ROBT. COVENY, 1851-1852, 1863-1878.
 REV. A. H. STEPHEN, 1852-1854, 1859-1868.
 CHAS. COWPER, 1852, 1861.
 W. S. MOUTRY, 1852-1855, 1859-1860.
 SAMUEL PEEK, 1852.
 CLARK IRVING, 1852-1853.
 WM. LONG, 1852.
 H. H. BROWNE, 1853-1861.
 THOS. BARKER, 1853, 1856.
 T. W. SMITH, 1853, 1855.
 REV. C. J. SUMNER, 1853.
 REV. D. M. O'CONNELL, 1854-1860.
 M. METCALFE, 1854, 1860-1873.
 R. A. A. MOREHEAD, 1854-1858, 1860-1865.
 FRANCIS MITCHELL, 1854-1857.
 JAMES DAWSON, 1854-1855.
 JOHN DALLEY, 1854-1867.
 M. EGAN MURNIN, 1855-1859.
 DANIEL EGAN, 1855-1865.
 CHAS. KEMP, 1855.
 REV. C. F. PRIDDLE, 1855.
 REV. P. O'FARRELL, 1855-1856.
 H. G. DOUGLASS, M.D., 1855-1858.
 ANDREW BONAR, 1856-1859.
 REV. JOHN DOUGALL, 1856-1858.
 JOHN BLACK, 1856-1857.
 HON. JOHN ALEXANDER, 1856-1859.
 CAPT. MORIARTY, R.N., 1857-1860.
 REV. DR. MACKAY, 1857-1858.
 REV. GEO. KING, 1857-1866.
 M. H. STEPHEN, 1857-1858, 1867, 1875.
 REV. EDWARD NIXON, 1858.
 REV. JAS. MILNE, 1858-1869.
 R. A. HUNT, 1859-1865.
 A. LENEHAN, 1859-1865.
 M. ALEXANDER, 1859-1873.
 REV. S. A. SHEEHY, 1859-1865.
 J. B. MONTEFIORE, 1859.
 J. V. GORMAN, 1860-1861.
 G. K. INGELOW, 1860-1861.
 CHAS. FAIRFAX, 1860-1861.
 R. STEWART, 1861-1867.
 J. H. ATKINSON, 1861.
 VERY REV. DEAN SHERIDAN, 1862-1881.
 E. FLOOD, 1862.
 E. BUTLER, 1862.
 J. CALDWELL, 1862-1866.
 EYRE ELLIS, 1862-1864.
 HON. W. M. ALDERSON, 1863-1877, 1882-1884.
 J. H. GOODLET, 1863-1868.
 W. LOVE, 1863-1865.
 A. F. WILSHIRE, 1863-1865.
 JOHN FRAZER, 1863, 1864, 1872-4.
 J. F. JOSEPHSON, 1864-1865.
 REV. ADAM THOMPSON, 1864-1874.
 J. FLAVELLE, 1866-1875.
 REV. J. DWYER, 1866-1879.
 ALEX. DICK, 1866-1867.
 J. G. RAPHAEL, 1866-1874, 1876-1878.
 J. BAPTIST, 1866-1867.
 W. A. STARKEY, 1866.
 J. E. MANNING, 1866-1870.
 REV. J. GRAHAM, 1867-1871.
 S. C. BURT, 1867-1868.
 THOS. ICETON, 1867-1868.

DIRECTORS OTHER THAN OFFICE BEARERS, 1846-1911—*contd*

- J. R. STREET, 1867.
 HON. S. D. GORDON, 1867-1872.
 J. B. RUNDLE, 1867.
 CHAS. MOORE, 1867.
 JOHN ALGER, 1868-1879.
 E. W. CAMERON, 1868-1870.
 SIR EDWARD KNOX, 1868-1874.
 WALTER LAMB, 1868.
 J. GRAFTON ROSS, 1868-1873.
 J. THOMPSON, 1868-1869, 1875.
 JOHN DAWSON, 1869-1871.
 RICHARD JONES, 1869-1873.
 LT.-COL. RICHARDSON, 1869-1870.
 J. B. WATT, 1869-1873.
 O. J. CARAHER, 1870-1871.
 REV. R. LEWERS, 1870.
 J. B. HOLDSWORTH, 1871-1875.
 REV. THOS. SMITH, 1871-1873.
 GEO. FOSTER WISE, 1871-1881.
 JOHN HUGHES, 1872.
 I. J. JOSEPHSON, 1872-1895.
 JOS. PAXTON, 1873-1874.
 S. H. PEARCE, 1873.
 J. J. CURRAN, 1874-1876.
 W. C. CURTIS, 1874-1877.
 CHAS. MACKAY, M.D., 1874-1884,
 1886-1895.
 E. T. PENFOLD, 1874, 1883-1884.
 FRANK SENIOR, 1874-1895.
 JOHN STARKEY, 1874-1898.
 RICHARD WYNNE, 1874-1875.
 H. E. A. ALLAN, 1875-1881.
 MICHAEL CHAPMAN, 1875-1891.
 F. H. DANGAR, 1875-1879.
 JOHN POPE, 1875-1882.
 J. V. BARNARD, 1876-1878.
 ALFRED CANE, 1876-1881.
 BENJAMIN PALMER, 1876-1881.
 SIR ARTHUR RENWICK, 1876-1877.
 WM. CLARKE, 1877-1880.
 SYDNEY BURDEKIN, 1877-1884, 1892-
 1899.
 JOSEPH GRAHAM, 1878-1893.
 RICHARD MCCOY, 1878-1896.
 ROBT. GRAY, 1879-1881.
 SAMUEL E. LEES, 1879-1881, 1883-
 1901.
 C. J. ROBERTS, 1879-1886.
 J. C. COX, M.D., 1880-1883.
 HON. ROBT. FOWLER, 1880-1882, 1897-
 1906.
 JOHN HARRIS, 1880-1882, 1888-1889.
 EDWARD HORDERN, 1881.
 F. ABIGAIL, 1882-1892.
 HON. JOHN DAVIES, 1882-1896.
 JEREMIAH DONOVAN, 1882-1886.
 W. G. MURRAY, 1882-1883.
 T. M. SLATTERY, 1882-1887.
 HON. R. B. SMITH, 1882-1895.
 ALEX. DEAN, 1884-1903.
 JOHN HARDIE, 1884-1892.
 G. N. GRIFFITHS, 1885, 1887-1904.
 THOS. PLAYFAIR, 1885-1886.
 HON. C. K. MACKELLAR, 1886-1891,
 1893-1903.
 A. C. SHADLER, 1886-1889, 1896-1909.
 JOHN YOUNG, 1886.
 ROBT. BUTCHER, 1887-1888.
 A. J. RILEY, 1887.
 JOHN HOURIGAN, 1888-1900.
 JAMES MARTIN, 1888-1898.
 JAMES EWAN, 1889-1891.
 W. H. FLAVELLE, 1890-1893, 1895-
 1904.
 B. B. NICOLL, 1890-1892.
 SIR JAMES GRAHAM, 1892-1911.
 ALEX. MATHESON, 1893-1894.
 LAIDLEY MORT, 1893.
 R. N. SHERIDAN, 1893-1911.
 JAMES R. HILL, 1894-1898.
 HON. S. A. STEPHEN, 1894-1895.
 HON. H. J. TARRANT, 1894-1895.
 DAVID FELL, 1896-1900.
 DR. J. FOREMAN, 1896-1911.
 SIR MATTHEW HARRIS, 1896-1906.
 L. C. RUSSELL JONES, 1896-1911.
 HON. R. H. D. WHITE, 1896-1900.
 J. T. WILSHIRE, 1896-1899.
 THOS. EVANS, 1898-1906.
 DR. E. J. JENKINS, 1898-1902.
 HON. R. J. BLACK, 1899-1911.
 JAMES STEDMAN, 1899-1911.
 J. H. GOODLET, 1899-1911.
 C. L. GARLAND, 1900-1911.
 SIR JOHN SEE, 1900-1903.
 T. R. ALLT, 1901-1909.
 DR. J. J. POWER, 1901-1906.
 G. BOYCE ALLEN, 1902-1904.
 DR. WM. CHISHOLM, 1903-1908.
 HON. J. M. CREED, 1904-1911.
 HON. J. B. NASH, 1904-1911.
 HON. SIR F. B. SUTTOR, 1904-1911.
 HON. S. E. LEES, 1904-1905.
 HON. JAMES ASHTON, 1905-1906.
 A. E. JAQUES, 1905-1911.
 JOHN STINSON, 1905-1911.
 CHRISTOPHER BENNETT, 1907-1911.
 DR. A. J. BRADY, 1907-1911.
 E. C. V. BROUGHTON, 1907-1911.
 SIR HENRY STEPHEN, 1908-1910.
 DR. R. STEER BOWKER, 1909-1911.
 HON. JOHN GARLAND, 1910-1911.
 A. J. ONSLOW THOMPSON, 1911.
 DR. W. ODILLO MAHER, 1911.

In addition to these directors, in the years prior to 1869, the Colonial Secretary, the Speaker of the Assembly, the members of the Legislature for the City of Sydney and County of Cumberland, and the Mayor of Sydney were directors *ex officio*, provided they were qualified as governors.

ERRATA.

P. 122, two lines from the bottom of page—1865 should read 1855.

SYDNEY:
W. A. GULLICK, GOVERNMENT PRINTER.

1911.



UNIVERSITY OF CALIFORNIA LIBRARY

Los Angeles

This book is DUE on the last date stamped below.

--	--

